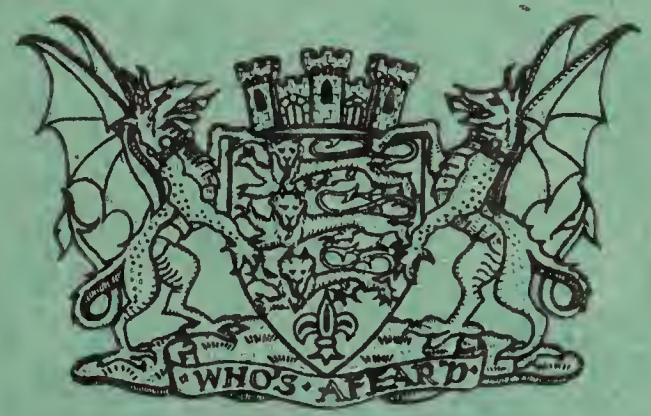
THE HEALTH OF DORSET



ANNUAL REPORT
of the
County Medical Officer of Health
for the year
1972

G. F. WILLSON, M.D., D.P.H.

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D.L./2402

The clinic at Wyke Regis was opened in 1964. It has a very successful record of use in a fast growing community. The general practitioners in this area have requested that a health centre should be built locally and an extension to this clinic for this purpose is planned for 1974-75

The Health Centre, North Allington, Bridport was opened in June, 1971 and was created by extending an existing clinic building.

The Health Centre, Streche Road, Wareham was opened in February, 1973.

As a general purpose building to promote community health care, the health centre brings together various disciplines during the course of their daily work. Here in Wareham, a health visitor, district nurse, general practitioner and his receptionist discuss a problem.

The treatment room at Wareham Health Centre is spacious and well equipped. District nurses conduct treatment sessions there twice weekly.

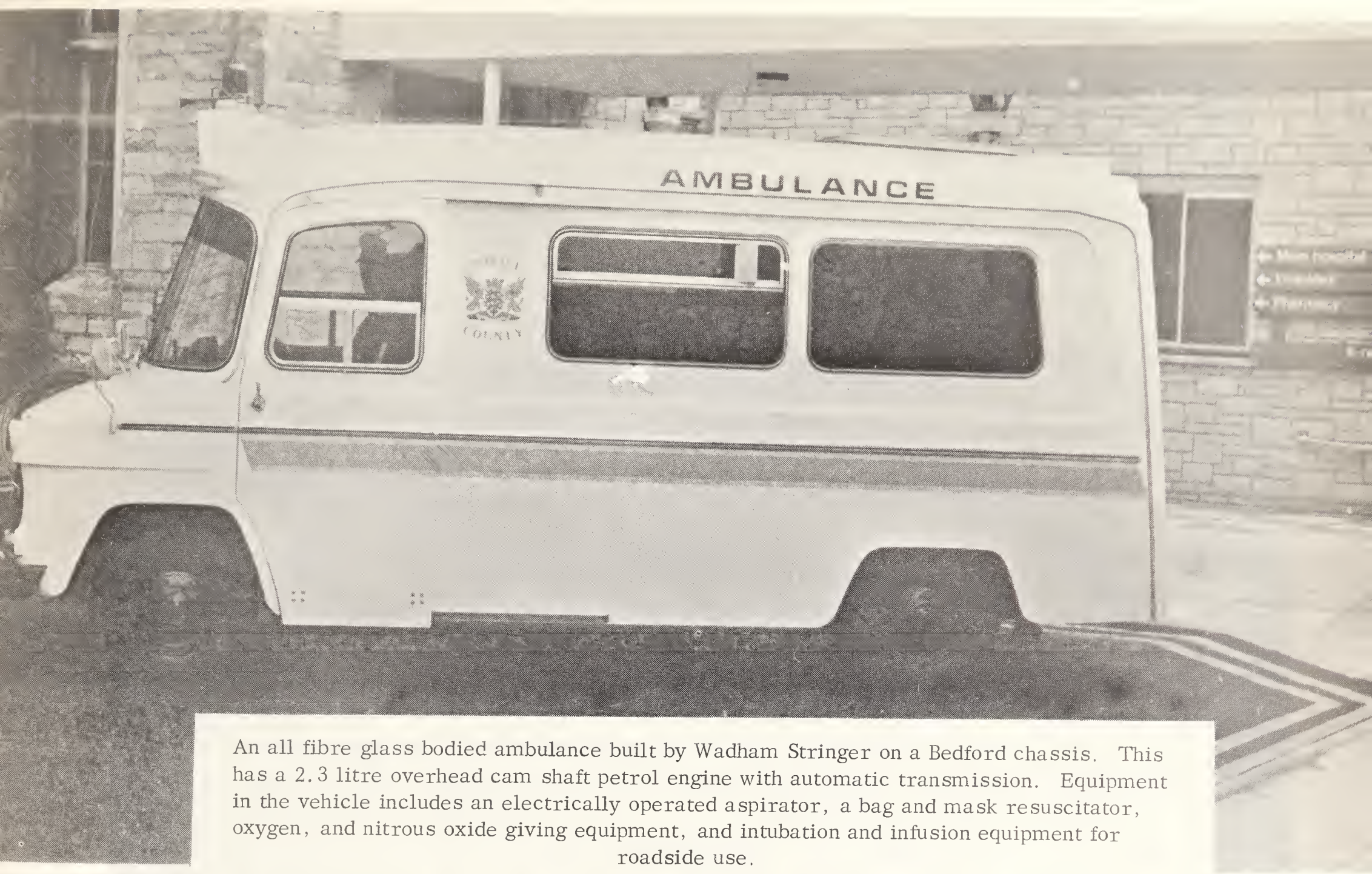
Ferndown clinic and library were opened in 1966. The clinic premises are well used and are already proving too small for this rapidly developing area. Ferndown health centre (see below) is expected to be completed during the first quarter of 1974. It will accommodate five general practitioners, and all local health authority work will transfer to these new premises. The present clinic building will be used by the County Library Department.

Since 1964 the department has conducted child welfare centres with a mobile clinic from sixteen centres in the county. The Land Rover/clinic combination is here seen stationed outside St. Hubert's Church Hall, Corfe Mullen.

Once the mobile clinic is on site, the Land Rover collects and returns mothers and babies from outlying hamlets. The vehicle is not easy of access for mothers with babes in arms and the attendant needs to give a helping hand.

A busy clinic at St. Dunstan's Church Hall, Upton. The use of this site will eventually be superceded by the transfer of these activities to the Health Centre planned at Upton Cross, freeing the mobile clinic for another venue.

The ambulance service now has five 1750 cc. Austin Maxis for sitting case work. These vehicles are popular with drivers and patients owing to their good road handling characteristics and ease of access to the interior.



An all fibre glass bodied ambulance built by Wadham Stringer on a Bedford chassis. This has a 2.3 litre overhead cam shaft petrol engine with automatic transmission. Equipment in the vehicle includes an electrically operated aspirator, a bag and mask resuscitator, oxygen, and nitrous oxide giving equipment, and intubation and infusion equipment for roadside use.

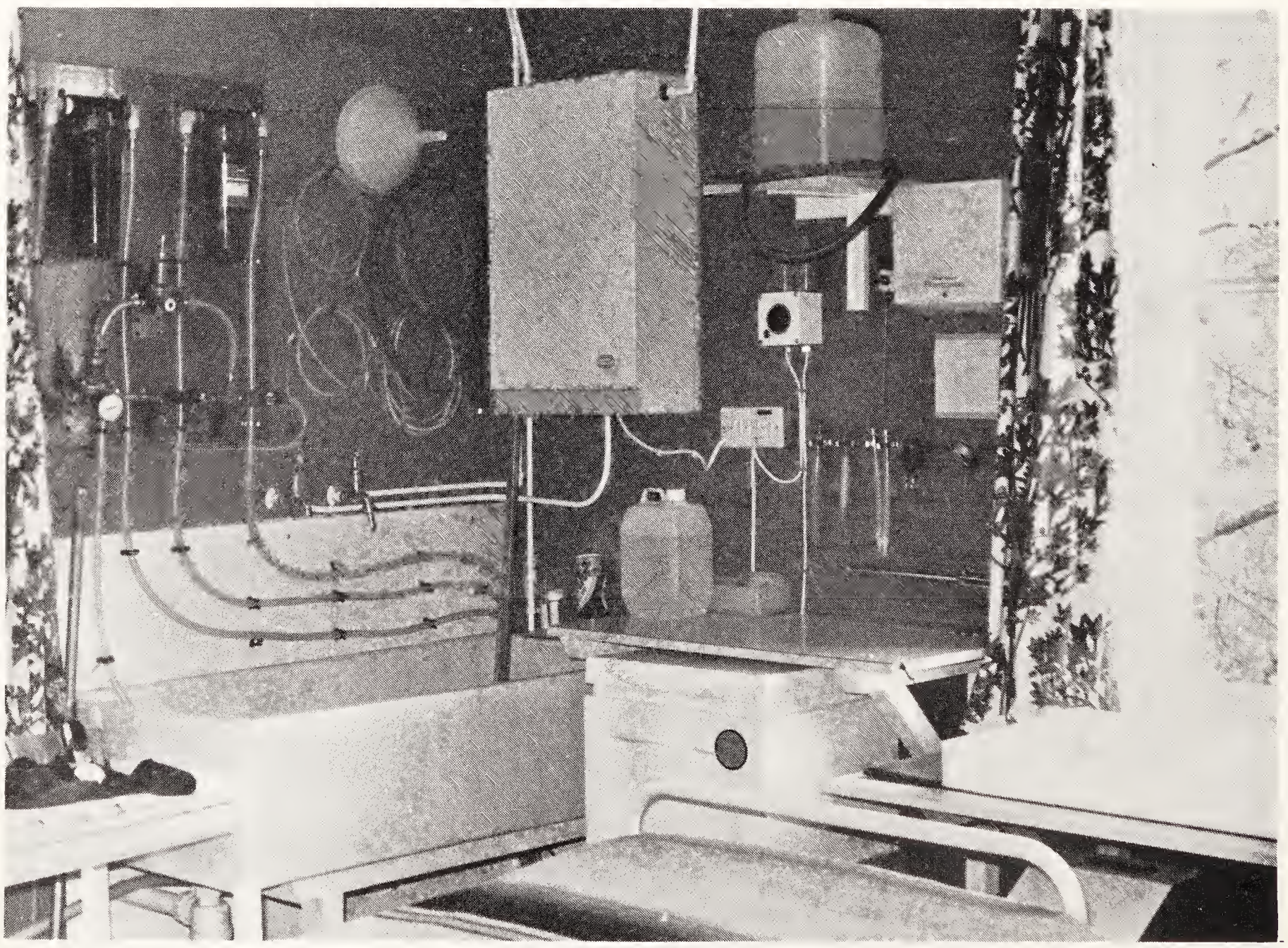
A converted 3 litre Austin limousine for carrying single stretcher cases at speed for long distances. It is useful for conveying to their home patients who have needed to receive treatment in local hospitals whilst on holiday.

A Bedford sitting case vehicle with electrically operated hydraulic tail lift suitable for patients confined to wheel chairs.

Where possible, dental treatment is taken to the child. This clinic, the latest addition to our fleet of ten mobile dental clinics, is sited in the playground of Alcester St James School, Shaftesbury.

This interior view of a similar vehicle shows the type of equipment which is being brought into use as part of the modernisation programme

Dental Health Education is an integral part of the Dental Service in Dorset. Here one of our auxiliaries is talking to a group of children at Cranborne County First School.



A bedroom in a private house which has been converted for renal dialysis. The County Council supply fittings such as sink, water supply, drainage and electrical points. The more complex apparatus for treatment is supplied by the hospital

CONTENTS

TABLES

FOREWORD

Although the customary statistics for the current year continue to be collected it is probable that this will be the last report to the County Council by their Medical Officer of Health. On 1st April, 1974 all the health functions at present exercised by the County Council will be handed over to the new Area Health Authority which will be responsible for the health services of the present County of Dorset, Bournemouth, Christchurch and parts of Hampshire.

In order to make preparations for the reorganisation of the health services, Area Joint Liaison Committees were established throughout the country during the late summer of 1972. The Medical Officer of Health and Deputy Clerk of the County Council were appointed to represent the County on the Dorset Area Joint Liaison Committee and your Medical Officer of Health was elected Chairman. A considerable number of working parties were subsequently established in order to examine in detail many aspects of the health services and there can be few members of the health department who have not had to undertake extra work and responsibility as a result.

It is perhaps appropriate at the present time, that we should remind ourselves of the beginnings of the County health service. Reference to the County Council minutes reveals that in May, 1893, the Council discussed at some length whether or not to appoint a medical officer for the county. It is somewhat disappointing to read that at this particular meeting one member commented that this "would be only a sheer waste of money and of time" (laughter) and that the suggestion was rejected.

In April, 1911, however, the Council received a letter from the Local Government Board urging them to make an appointment as this was now mandatory under the Housing and Town Planning Act, 1909. This did the trick and later the same year Dr. J. E. Robinson became the first County Medical Officer and School Medical Officer of Dorset. Five other medical officers have held the post since Dr Robinson was appointed.

Dr Robinson's first annual report of 1911 reports the following statistics:-

	Cases Notified	Deaths
Diphtheria	120	25
Measles	-	39
Puerperal fever and other conditions of childbirth		18
Scarlet Fever	517	10
Smallpox	1	1
Tuberculosis (all forms)	75	237
Typhoid fever	12	5

It is indicative of the total change in the pattern of infectious disease during the past sixty-two years that during 1972 only one death (from tuberculosis) resulted from the conditions enumerated above. What is no cause for self congratulation, however, is the fact that in 1972 Dorset experienced the record number of 258 deaths from cancer of the lung and bronchus, compared with 217 in the previous year. This condition, comparatively rare at the time of Dr. Robinson's first report, could largely be prevented if an effective way of preventing school children from commencing the smoking habit could be established. Unfortunately the social pressures which encourage smoking have so far proved too great to prevent any significant success in this field.

HEALTH DEPARTMENT ESTABLISHMENTS
(at end of year)

Central Staff

COUNTY MEDICAL OFFICER
G F Willson MD MFCM DPH

DEPUTY COUNTY MEDICAL OFFICER
K J Adams MRCS LRCP MFCM DPH

SENIOR MEDICAL OFFICER (CHILD HEALTH)
Mary Townsend MB BS MRCP DCH

SENIOR MEDICAL OFFICER
A J M Hargreaves BA MRCS LRCP DTM&H

MEDICAL OFFICERS IN DEPARTMENT
Jill C White MB BS MRCS LRCP DPH DCH
Elizabeth M S Wotherspoon MB ChB (Part-time)

DISTRICT MEDICAL OFFICERS AND SENIOR MEDICAL OFFICERS

Blandford Forum Borough, Wimborne Urban District, Blandford and Wimborne Rural Districts
G B Hopkins MB ChB DPH BPharm

Dorchester Borough, Dorchester Rural District, Bridport and Lyme Regis Boroughs, Beaminster and Bridport Rural Districts
Eileen E Hodgson MB ChB DPH

Shaftesbury Borough, Sherborne Urban District, Shaftesbury, Sherborne and Sturminster Rural Districts
Esther Jackson MB ChB MFCM DPH

Wareham Borough, Swanage Urban District, Wareham and Purbeck Rural District
W E Hadden MB BS MFCM DTM&H DA DPH

Weymouth Borough, Portland Urban District
G E Thomas MB BS DObst RCOG MFCM DPH

Weymouth Borough (Deputy)
D C Pinder MB BChir DPH

CHIEF DENTAL OFFICER
J S MacLachlan LDS RCS

DEPUTY CHIEF DENTAL OFFICER
L Richardson BDS LDS

SENIOR DENTAL OFFICERS
D G Greenfield LDS RCS
J M Paterson LDS RCS
J F Wilson LDS DDPH RCS

DENTAL OFFICERS (10)

COUNTY AMBULANCE OFFICER
C D Legg DPA FHA FIAO

COUNTY PUBLIC HEALTH ENGINEER
F M W King CEng MICE MIWE FIPHE

COUNTY PUBLIC HEALTH OFFICER
A H Parry MRSH FAPHI

HEALTH EDUCATION OFFICER
M Patricia Parish SRN SCM HV Cert Dip HE

DIRECTOR OF NURSING SERVICES
Bridget C Thornton SRN SCM QN HV Cert

AREA NURSING OFFICERS
Flora M Farnsworth SRN SCM QN HV Cert
Elsie M Lisher SRN SCM QN HV Cert

NURSING OFFICER (HOME NURSING)
Pamela G Marchant SRN QN

NURSING OFFICER (HEALTH VISITING)
Ruth M Smith SRN SCM QN HV Cert

HEALTH VISITORS (36)

NURSES AND MIDWIVES (69)

NURSING ASSISTANTS (15)

CHIEF ADMINISTRATIVE OFFICER
V W V Clarke DPA FHA

Delegate District - Poole Borough Staff

BOROUGH MEDICAL OFFICER
J Hutton MD MFCM DPH
DEPUTY BOROUGH MEDICAL OFFICER
A McCutchion MB ChB DPH
SENIOR MEDICAL OFFICERS
Pauline Keating LRCP&S(I) LM MFCM DCH
Rosa Strunin MD (Berlin)
MEDICAL OFFICER IN DEPARTMENT
Heather May, Inter BSc MB ChB MRCP
BOROUGH SENIOR DENTAL OFFICER
F E R Williams LDS
DENTAL OFFICERS (3)

BOROUGH NURSING OFFICER
Marian Davies SRN SCM QN HV Cert
NURSING OFFICER (HEALTH VISITING)
Vera Narbett SRN SCM HV Cert SRFN
NURSING OFFICER (HOME NURSING)
Mabel McInnes SRN QN
HEALTH VISITORS (23)
MIDWIVES (9)
NURSES (24)
NURSING ASSISTANTS (8)
SENIOR ADMINISTRATIVE ASSISTANT
K F Stout DMA

COMMITTEES

Health Committee

Composition - Twenty elected members, 8 co-opted and 4 ex-officio (Chairman and Vice-Chairman of the County Council, Chairmen, or Vice-Chairman, of the Co-ordination and Finance Committee and of the Social Services Committee) - Total 32.

Health General Purposes Sub-Committee

Composition - Chairman and Vice-Chairman of the Health Committee ex-officio and eight appointed members.

Registration and Licensing Panel

Composition - Chairman and Vice-Chairman of the Health Committee ex-officio, and four appointed members.

GENERAL STATISTICAL SUMMARY OF THE COUNTY

The following is a summary of the vital statistics for the administrative county:-

Area in acres			625,460
Population	Urban	223,520	
	Rural	149,540	373,060
Rateable Value as at 1 April 1972			£17,336,831
Estimated product of a new penny rate			£169,940

Live Births	Male	Female	Total
Legitimate	2,399	2,241	4,640
Illegitimate	174	136	310
Total live births	2,573	2,377	4,950

	Dorset	England & Wales
Birth rate per 1,000 population	13.3	14.8
Birth rate per 1,000 population (as adjusted by comparability factor 1.12)	14.9	14.8
Illegitimate live births per 100 total live births	6	9
Stillbirths		
Number (Legitimate 60, Illegitimate 5)	65	8,794
Rate per 1,000 total live and stillbirths	13	12
Total live and still births	5,015	734,199
Deaths		
Infant deaths (deaths under one year)	88	12,494
Infant Mortality Rates:-		
Total infant deaths per 1,000 total live births	18	17
Legitimate infant deaths per 1,000 legitimate live births	17	17
Illegitimate infant deaths per 1,000 illegitimate live births	23	21
Neo-natal mortality rate (deaths under four weeks per 1,000 total live births)	12	12
Early neo-natal mortality rate (deaths under one week per 1,000 total live births)	11	10
Perinatal mortality rate (stillbirths and deaths under one week combined per 1,000 total live and stillbirths)	24	22
Maternal Mortality (including abortion):-		
Number of deaths	None	
Rate per 1,000 total live and stillbirths	-	
Total deaths (Actual)	4,888	591,907
Death rate per 1,000 population (actual)	13.1	12.1
(as adjusted by comparability factor 0.79)	10.3	12.1

COMMENTS ON VITAL STATISTICS

Birth Rate

The recorded birth rate per thousand population was 13.3 the rate for the previous year being 13.8. After correction for differences in population structure between Dorset and the country as a whole the rate is 14.9 compared with the national figure of 14.8.

Stillbirth Rate

The stillbirth rate was 13 per thousand live and stillbirths compared with 15 the previous year. The national rate was 12.

Death Rate

The recorded rate was 13.1 per thousand population the same as that recorded for 1971. The high proportion of old people in Dorset's population accounts for this rate being above the national figure of 12.1 but after adjusting by the comparability factor (0.79) the rate for the county is 10.3.

THE EPIDEMIOLOGY OF SOME INFECTIOUS DISEASE

The following infectious diseases are now notifiable:-

Acute encephalitis
Acute meningitis
Acute poliomyelitis
Anthrax
Cholera
Diphtheria
Dysentery (amoebic or bacilliary)
Food Poisoning
Infective jaundice
Leprosy
Leptospirosis
Malaria
Measles
Ophthalmia neonatorum
Paratyphoid Fever
Plague
Relapsing fever
Scarlet fever
Smallpox
Tetanus
Tuberculosis
Typhoid fever
Typhus
Whooping Cough
Yellow fever

Diphtheria

For the twelfth successive year no cases were notified.

Scarlet Fever and Sore Throat

The notified incidence of scarlet fever was twenty-eight. This was considerably less than in previous years, but for every case of scarlet fever notified many cases of sore throat occur, the infecting agent for both being the haemolytic streptococcus. Occasionally either symptoms lead to complications, one of these being glomerulonephritis. Streptococci are isolated so frequently in the laboratory that it is not a practicality as a routine to determine their type, but it is known that certain types and in particular type 12 may lead to nephritic symptoms. After two cases of acute glomerulonephritis occurred in Weymouth all throat swabs received were typed and fifty-nine out of one hundred and twenty-one grew the Type 12 organism. Nineteen of these were isolated from Weymouth and thirty from Bridport. No cases of nephritis were found even on a prospective basis by taking follow up urine specimens.

Measles

Three hundred and forty-five cases of measles occurred, the lowest incidence ever recorded. The disease has lost its two yearly cycle of maximum attack rate and continues in localities attacking groups of non immunes. The alteration in the usual clear pattern of infection has been brought about by the measles vaccination campaign.

Whooping Cough

Fourteen cases were notified. Clinical diagnosis is difficult so that it is possible more cases occurred. Vaccination does not always prevent the disease completely but it minimises the occurrence of clinical whooping cough in very young children. As active immunity wanes so the disease may attack, but the young child by then is more able to withstand the infection and gains a more permanent immunity from it.

Poliomyelitis

For the twelfth succesive year, no cases were notified.

Typhoid and Paratyphoid

No cases of enteric disease were notified during the year. This position is not likely to continue as so many persons now avail themselves of cheap foreign travel. Many of these infections notified nationally are imported by holiday makers from countries with poorer public health resources than ours. These persons should seek the protection of TAB vaccine before going abroad.

Influenza

Two noteworthy outbreaks of influenza A infection occurred in private boarding schools. In January, sixty-one out of two hundred and forty pupils at a boys' boarding school developed influenza due to type A2/HK/68 virus although all but one had been vaccinated against influenza two months previously, an attack rate of twenty-five per cent.

In October an outbreak in a girls' boarding school was due to a new variant type A/England/42/72, which was the first isolation of this variant from an outbreak in Europe. This virus type, labelled after isolation from a sporadic case in England earlier in the year, had been causing epidemics from June to September in the Far East, South East Asia and Australia. One hundred and thirty-five girls out of four hundred and forty were affected, an attack rate of thirty per cent. None had been immunised since twelve months previously. The new variant was not detected again in Dorset until the end of November when it began to appear in other parts of England. Since then there have been widespread infections.

It is usual for the department to offer influenza vaccination with a commercial vaccine to ambulance staff and district nurses. Vaccine is also ordered on behalf of the Social Services Department for use among the personnel of children's and old persons' homes, an important precaution as the attack rates in closed communities are so high.

Malaria

Three cases of malaria were notified. All were believed to have been contracted abroad. Occasional notifications of this disease have taken place over the years. It isimportant for family doctors to bear this diagnosis in mind particularly when faced with children suffering unexplained high pyrexia after returning to boarding school from reunion with their parents during vacations. High standards of public health in this country give feelings of false security about travelling to districts where malaria is rife. To commence preventive chemotherapy in these regions demands forethought, and, even more unusual to the unseasoned traveller departing from the care of the National Health Service, expenditure upon drugs.

Infective Jaundice

Infective diseases causing symptoms of jaundice were first made notifiable in June, 1968. Three principal infecting agents cause jaundice, a leptospira carried mainly by rodents, and a long and short incubation period virus carried by humans. Sixty-five cases of infective jaundice were notified during the year and most of these would have been of virus origin. The virus is difficult to control and cannot at present be cultured in the laboratory, though recent work in isolating Australian antigen from patients thought to have suffered from infection with the long incubation period virus does improve the chance of detection of carriers. The disease is usually conveyed by infected donor blood or unsterile injection equipment.

The epidemiology of one particular case of long incubation period jaundice is noteworthy. This case was diagnosed at King's College Hospital and notified to the district medical officer, there being circumstantial evidence of local infection. The patient aged twenty-two years had been tattooed with three companions fifty-four days previous to the commencement of his illness. He died some weeks later from liver failure. Investigations into the carrier state of their blood resulted in negative reports upon the tattooist and two of the companions, but the third friend who preceded the patient for his tatoo was positive for Australia antigen, indicative of a viral carrier state.

Food Poisoning

Seventeen cases were notified during the year, compared with forty-one cases in 1971 and eighty-seven cases in 1970. The number of cases occurring is often influenced by the weather, long hot summers favouring food poisoning outbreaks. Some credit must also be extended to the amount of health education given by County District public health inspectors and others responsible for hygiene in food preparation rooms. The increasing use of refrigeration and the commercial sterilisation of utensils in dish washing equipment must all help to keep down bacterial counts.

Poole Borough	Salmonella typhimurium	2
	E coli.	1
	Not confirmed	1
Portland	Salmonella typhimurium	1
	Not confirmed	1
Weymouth	Salmonella friedrichfelde	1
	Not confirmed	1
Bridport Rural District	Not confirmed	7
Sherborne Rural District	Salmonella remo	1
Wareham Rural District	Salmonella typhimurium	1

Tuberculosis

Sixteen respiratory and eight non-respiratory cases were notified, compared with twenty-three and eleven respectively in 1971. A comparison with the figures for some previous years is given.

	Respiratory		Non-Respiratory	
Year	Notifications	Deaths	Notifications	Deaths
1952	177	57	40	5
1962	80	10	14	2
1972	16	1	8	-

Dysentery

Eleven cases of bacillary dysentery were notified. This is usually caused by the Shigella sonnei in this country and has become endemic. The infection is usually transferred by contact but may be contracted by eating infected food. In two instances the infection was caused by Shigella flexneri a type of dysentery organism giving more severe symptoms. There was good reason to believe that the source of infection of these two cases was in Nepal and in Tunisia.

Other rare infections

Two dairymen working on the same farm were infected with Leptospirae of the Hebdomadis group. One patient had meningitic symptoms and was screened for a leptospiral infection. This diagnosis lead to the discovery of the source of an illness which had occurred in the second cowman. There was serological evidence of infection in the dairy herd by the same organism.

Two cases of Psittacosis infection were diagnosed serologically. This disease is usually associated with lung involvement and a productive cough. The causative agent may be carried by an infected bird.

There was one instance of infection with Rickettsia burnettii, again diagnosed serologically. This disease produces fever and headache with some lung involvement. The common source of infection is in dust associated with domestic animals.

The larval form of Dermatobia hominis emerged from a swelling under the skin of the buttock of a school boy who had visited Brazil two months earlier and had been sunbathing.

PUBLIC HEALTH LABORATORY SERVICE

A bacteriological and virological service is provided by the Public Health Laboratory Service Board at Poole and Dorchester. The function of the Service is to help medical officers of health and public health inspectors by examining specimens of human origin as well as food and water samples and to investigate epidemiological problems, including the control of infectious bacterial and viral disease. Close contact is maintained between medical officers of health, veterinary surgeons and directors of laboratories. Both laboratories in Dorset also carry out work for general practitioners and hospitals.

The addresses of the Public Health Laboratories are:

Public Health Laboratory Service
Poole General Hospital
POOLE
Dorset
BH15 2JB

Tel: 02013-5771

Director: Dr W L Hooper

Public Health Laboratory Service
Glyde Path Road
DORCHESTER
Dorset

Tel: 0305-4478

Director: Dr G H Tee

Virus Isolation at Dorchester

During 1972 virus isolation specimens numbered 1, 204, an increase of 50 per cent over 1971. A virus was isolated from 126 specimens, an isolation rate of 10 per cent.

Twenty-six different viruses were isolated compared with twenty-one in 1971. They were:

Adenovirus 1, 5, 6, 14	Influenza B
Coxsackie A 9 and B 3, 4 and 5	Measles
Varicella/Zoster	Milker's Nodule/paravaccinia
Cytomegalovirus	Mumps
ECHO virus 4, 14, 18	Parainfluenzas 1 and 2
Herpes simplex 1	Poliomyelitis
Herpes simplex 2	Rubella
Influenza A A2/HK/68. A/England/42/72	Respiratory syncytial virus

SIMULIUM AUSTENI

This troublesome fly has caused much discussion of measures for its suppression in the Blandford area and practical action for this has been taken. The larval stages of the fly attach themselves to the leaves and stems of the water buttercup and other weed which grows in the River Stour. Activity becomes maximal in April, May and June when adult flies emerge and commence to bite all warm blooded animals. In previous years many residents in Blandford and others living along the course of the river have received severe bites causing large areas of inflamation and oedema.

The control of this infestation is not easy as liberal use of insecticidal compounds in the river would poison other water life. In March a meeting of those interested in abating the nuisance concluded that it would be practicable to attempt to kill the fly by two methods. Firstly to cut and rake out of the river as much water weed as possible, and secondly to arrange investigation into the life cycle and breeding habits of Simulium to ascertain whether it would be possible to interrupt this by some physical or chemical means. Little previous work of this nature has been attempted and it is not understood why this fly, which is present in many water courses of Southern England, breeds so successfully in the stretch of the River Stour between Durweston and Wimborne.

Local volunteers worked hard with weed cutting during the vital weeks before pupation and the County Council together with the Councils of the Blandford and Wimborne county districts agreed to promote research by sponsoring a post-graduate student to investigate the habits of this fly. The sponsorship covers the period of one year and a working centre was made available at East Stoke with the co-operation of the officer in charge of the Freshwater Biological Laboratory. The investigation commenced in October.

AN ASIATIC INTERLUDE

The arrival of an immigrant from any country to England is notified by port and airport health authorities to health departments as a matter of routine. This enables the health visitor to call and pass on information to families about benefits available under the National Health Service. When children are involved, such visits are particularly valuable in piecing together the previous medical history and arranging for further advice. In September we were informed that owing to political pressures put upon Asiatic holders of British passports in Uganda some 50,000 persons were expected to come to this country before 8 November. As some of these imigrants would inevitably arrive in Dorset, this news in the first instance merely meant that we should need to extend our usual service. Later the same month, the department was told that the Uganda Resettlement Board intended receiving 1,400 Asians at Piddlehinton Camp in about three weeks time and thus we should need to set up a medical centre there.

By good fortune Somerset County Health Department had already opened a Transit Centre at Houndstone, near Yeovil where some 900 Asians were already accommodated. Their experience was most valuable, as our need of information was quite basic. The Camp Administrator made available to us the building formerly used as the Medical Centre, which after some ten years of disuse could best be described as a damp dirty unfurnished shack. Workmen employed by the Resettlement Board carried out redecoration and repairs. It was then necessary to decide upon services to be made available and indent for furniture. Furnishings for reception, family practitioner services, baby feeding, a sick bay, a treatment and an emergency midwifery room appeared with the rapidity of mushroom growth.

More important by far than hardware, personnel came forward willingly, and, with the help of part-time and regular nursing staff, together with nurses willing to return after retirement we were able to man the centre through a twenty-four hour day. Our clerical staff also gave much time to arrangements for the reception of immigrants. Three family doctors agreed to provide general medical services and arranged surgery hours in alternating fashion during the day. The Southampton Mobile X-ray Service agreed to station a unit on the site and many volunteers from the Red Cross Society and St John Ambulance Brigade helped in the preparation of the centre and, subsequently, after reception.

The first Asian immigrants were received on 19 October and after preliminary surveillance by our Medical Officers were shown to their billets. Many matters required early consideration such as need for medical care, including ante natal care, adequate smallpox vaccination, notification of a handicap, the listing of children under five years of age for follow-up advice and finally the institution of a chest X-ray. One of our dental officers provided emergency dental treatment and the facilities of the Dorchester family planning clinic were also made use of. The Womens Royal Voluntary Service provided clothing and other comforts.

After accepting some 400 immigrants it was felt by the Uganda Resettlement Board that this particular transit centre would not be suitable to continue to house these persons during the rigours of a normal winter and the influx was stopped. Immigrants then transferred to places at other transit camps as these became vacant, Piddlehinton Camp being vacated completely by 17 November.

Reference has not been made in previous annual reports to medical advice given to the County Council concerning staff. Perhaps one reason for this is that the amount of time devoted to this "non statutory" function of the department several years ago was small to the point of being insignificant. More recently we have had to adjust our approach to this work very carefully because the demand upon our medical officers' time for advice about staff was making inroads into time required for statutory child health functions. Reference to Table 'A' will demonstrate how this work is increasing.

Table 'A'
1960-72

County of Dorset excluding The Borough of Poole
Medical Examinations, and Questionnaires Examined

Year	Education Dept. Staff and College of Education Entrants	Firemen	Policemen	Other Staff	No. of Driving Licence Cases Referred to Medical Referee
1960	330	46	56	191	3
1961	324	50	54	306	2
1962	340	40	42	269	9
1963	356	52	27	315	4
1964	430	60	53	335	13
1965	468	51	95	293	18
1966	464	49	93	364	23
1967	504	52	115	395	29
1968	526	64	126	273	40
1969	474	52	185	279	29
1970	500	43	193	326	72
1971	588	159	172	538	113
1972	766	115	183	559	159

Medical Advice for staff on appointment

It is necessary that local government staff shall be medically fit for the appointment they are about to undertake. Their constant contact with members of the public, the nature of their work, and the various sickness benefits available to them make it important that their appointment is subject to medical report. To have medically examined everyone of the 1,592 persons appointed in 1972 would have been a time consuming and, as results have proved in earlier years, an unnecessary task. Certain categories of staff now have a medical examination and others are required to complete a health questionnaire. Those whose questionnaires are not straightforward may be given a medical examination. Sometimes an enquiry direct to the consultant or family doctor who has been caring for the candidate may resolve a health problem. The preliminary routine approach to the various categories of staff is set down in table 'B', but the final health requirements demanded by many occupations is more detailed.

It is easy to accept that ambulancemen, firemen and policemen require a medical examination to establish good physique but it is not so readily appreciated that roadmen not only require physical fitness but also need good eye sight and accurate hearing in order to stay alive. Their lack of ability to distinguish between red and green also needs to be reported to the County Road Surveyor.

Staff whose work brings them into contact with children or adolescents have a routine chest X-ray. School meals staff complete an additional questionnaire requiring previous history of bowel infection.

Some staff examinations are carried out by our district medical officers on behalf of their own employing authorities. County district councils also apply special health standards to certain categories of staff. For example the hazards applicable to roadmen are equally dangerous for refuse collectors. Drivers of refuse vehicles may be in charge of machinery weighing eight tons unladen bringing their responsibilities into the realms of the heavy goods vehicle regulations. Finally, water undertakings appointing staff require careful appraisal of their health in connection with previous enteric disease. This work is carried out on behalf of the Dorset Water Board by Dr G B Hopkins.

Medical advice for staff in service

The department is also called upon to give advice when employees are suffering from a medical disability. Occasionally re-assurance is all that is required. Sometimes it is necessary to vary working conditions or arrange for part-time attendance at work during a period of convalescence. Rarely an employee's health will not permit him to work and a formal decision upon whether he is "incapable of discharging efficiently the duties of his employment by reason of permanent ill health", must be taken. Medical advice for staff in service was required on thirty-one occasions during 1972.

Table 'B'

County of Dorset Excluding the Borough of Poole
Medical Fitness of Staff on Appointment - Procedure

Category of Staff	Procedure on Appointment	Chest X-ray
Administrative/Clerical/Professional Staff	Questionnaire	No
Ambulancemen	Medical Examination	Yes
Central Repair Depot Staff	Questionnaire	No
Children's Homes Staff - Full-time	Medical Examination	Yes
- Part-time	Questionnaire	Yes
Clerical Staff in Schools	Questionnaire	Yes
College of Education Entrants	Medical Examination	Yes
Fire Brigade Civilian Staff	Questionnaire	No
Firemen	Medical Examination	Yes
Health Department Staff in contact with children	Questionnaire	Yes
Laboratory Assistants in Schools	Questionnaire	Yes
Library Staff	Questionnaire	Yes
Old People's Homes Staff	Questionnaire	No
Police Civilian Staff	Questionnaire	No
Policemen	Medical Examination	Yes
Probation Officers	Questionnaire	Yes
Roadmen	Medical Examination	No
School Cleaners/Caretakers	Questionnaire	Yes
School Meals Staff	Questionnaire	Yes
School Transport Drivers	Medical Examination	Yes
Social Workers	Questionnaire	Yes
Teachers/Lecturers - new entrants to LEA service	Medical Examination	Yes
- transfers from other authorities	Questionnaire	Yes
Traffic Wardens - Permanent/Seasonal	Questionnaire	No
Training Centres Staff	Questionnaire	Yes

Table 'C'

1972 County of Dorset excluding the Borough of Poole
Medical Examinations, and Questionnaires Examined

	Questionnaires	Examinations	Total
General Administrative and Professional Staff	171	2	173
*Education Department Staff and College of Education Entrants	393	373	766
Library Staff	14	-	14
Training Centres Staff	3	3	6
Old People's Homes Staff	15	7	22
Children's Homes Staff	-	22	22
Probation Officers	7	1	8
Roadman, Clerks of Works	5	23	28
Nursing, Midwifery, Health Visiting, Dental Staff	49	2	51
Social Workers, Welfare Officers	30	2	32
Caretakers, Ambulancemen	12	15	27
Policemen	-	183	183
Police Civilian Staff	38	2	40
Traffic Wardens	43	-	43
Firemen	-	115	115
Fire Brigade Civilian Staff	4	7	11
District Council Staff	1	45	46
Examinations required on personnel in service	-	31	31
Examinations on behalf of authorities outside Dorset	-	5	5
	785	838	1,623

*For analysis of this item see report of Principal School Medical Officer.

Medical examination of police personnel

It will be seen from Table 'A' that the number of medical examinations of policemen conducted by the department has more than trebled in the last ten years. This increase is due to several factors. The Home Office over this period has caused the health of police cadets to be more continuously monitored. Policemen in service who become injured or whose health has suffered degenerative changes present difficulties when returning to employment. They may not be acceptable for all duties, and improved methods of therapy may necessitate long convalescence. Two or more medical examinations may be required before a final decision is taken upon their future. The formation of the Dorset and Bournemouth Constabulary in October, 1967 also increased the numbers presenting for medical examination as this work continued to take place in Dorchester for all recruits.

The establishment of health standards of entry to the police has necessitated much close liaison between the department and the Chief Constable. The Home Office has given no comprehensive guidance nationally concerning this. Yet requirements for vision, particularly for trunk road patrol car work, and hearing, with the constant useof radio telephony must be of a high order. At present no routine system of periodic medical re-examination of policemen has been required by the Home Office.

Medical examination of fire service personnel

Reference to Table 'A' will demonstrate that the number of firemen requiring examination has doubled in the last ten years. Much of this work until two years ago took place in Weymouth, the occasional medical examination for a retained fireman being completed by the particular medical officer whose duties lay in the locality of the man's home address. In August, 1970 the Home Office issued guidance upon medical standards for the Fire Service which not only suggested entry criteria but recommended periodic re-examination of operational firemen over the age of forty years at three-yearly intervals. In view of the numerous suggested criteria for entry to the service, which involved matters such as colour perception and pulmonary function, it was felt more suitable for one medical officer to become specialised in this work, all of which now takes place in Dorchester.

The routine examination of personnel in service required careful thought because it was already our experience that it is rarely possible to take a decision to halt an employee's career after one examination alone. At such a routine re-examination a fireman may be found fit; he may be fit but may have a medical condition which requires treatment; or he may be unfit for operational fire service duties temporarily. In the latter case treatment may enable him to resume his duties after a period of time. Only after very thorough appraisal of his health, with possibly the benefit of consultant opinion, would a decision of permanent ill health be made.

Medical examinations for the Dorset and Bournemouth Constabulary and the County Fire Service are carried out by Dr A J M Hargreaves.

DRIVING AND MEDICAL DISABILITY

The possession of a driving licence in this country is a privilege not a right. It is a privilege earned by passing a driving examination, continuing to drive in a safe manner, and complying with health regulations made under the Road Traffic Acts. The County Council, on behalf of the Secretary of State for the Environment, issue driving licences under an agency agreement. Occasionally when questions of disease or disability arise the Licensing Authority may refer the matter to a medical referee.

The 1930 Road Traffic Act consolidated previous legislation about the use of our roads and in 1934 it first became necessary to undergo a driving test to obtain a licence. About this time matters relating to medical disabilities began to require decisions and the Health Department has been involved in giving advice since then. It is difficult to give figures of the frequency of this advice in the early years but some idea of the great increase in the amount of this work over the last ten years may be obtained from Table 'A' page 11.

Much of this increase is due to the growing sophistication of medical treatment which may permit such diverse disablements as visual defects to be corrected, epilepsy to be controlled, and hearts to be induced electronically to beat regularly. Physical disabilities formerly a bar to driving may have been overcome by both the orthopaedic surgeon and the automobile engineer. Age too plays its part as many elderly living in rural areas are greatly dependant upon their cars, private transport being the last "freedom" they are prepared to forego. Thus they continue driving until falling victim to degenerative disease. Finally another reason for the increase in medical referee work is due to the large number of persons coming forward for a driving licence, a proportion of whom are handicapped. Figures in this respect are interesting. In 1939 the County Council licensed 42,000 drivers. In 1957 the number had risen to 101,200 and in 1961 it was 153,000. In 1972, 202,500 persons held a driving licence; that is to say nearly half our resident population is now entitled to drive a motor vehicle.

Medical referee work for driving is exacting. Not only does it arise through straightforward applications to drive, but an opinion may be required following the deterioration in the health of a licensed driver or for example after an accident when the matter may be referred to the Licensing Authority by the Magistrates or Police. To enquire into a case it is necessary to obtain in precise detail the nature of the disease or disablement from the applicant and then obtain the opinion of the family doctor. Occasionally it is necessary to refer the matter for consultant advice and if a decision is still difficult to make, one may invoke the aid of a member from a panel of doctors appointed by the Department of the Environment. It may be necessary to interview a disappointed applicant to explain the medical evidence upon which an opinion has been based. An aggrieved applicant or licence holder may appeal against the local authority's decision to the local magistrates court. Reference to Table 'D' will give some idea of the frequency of the various stages of investigation.

Table 'D'

An Analysis of Driving Licence Investigation in 1972 by Procedure

No. of driving licences referred for Medical Referee advice	159
No. of occasions traffic accidents were reason for referral	6
No. of occasions family doctor called upon for medical opinion	129
No. of occasions consultant called upon for medical opinion	17
No. of occasions there was a medical disqualification from driving	19
No. of occasions a member of panel of doctors consulted	Nil
No. of occasions Licensing Authorities decision subject to appeal	Nil

An Analysis of Driving Licence Investigation in 1972 by Disease

Epilepsy	107
Giddiness	14
Diabetes	12
Degenerative Heart Conditions and associated disease of blood vessels	10
Mental Ill Health	7
Others	9

Note: The issue of a driving license to a person who suffers physical handicap alone is decided by a driving test.

LIAISON AND MEDICAL ADVICE FOR SOCIAL SERVICES

Interdepartmental liaison demands a two way traffic of ideas and opinions. It is successful only when staff at all levels have confidence in each others professional advice. It is promoted by proximity and personal contact, and its quality is rarely measurable by statistical methods. Since the inception of the Social Services Department it has been interesting to observe whether solid ties between health and welfare could be cut clean, and as may be expected they cannot. Separate managements there may be, but seldom do they deal with anything but different aspects of a common problem. Fortunately the amount of personal liaison between members of the two departments is considerable.

During the year many discussions have taken place upon the availability of accommodation for social workers at various health centres. A social work advice centre established in a health centre is able to maintain better contact with clients and promotes integration of health and welfare personnel. In another field, managers at adult training centres found that they missed the support of regular visits by a doctor. We have now agreed that three staff medical officers will conduct examinations on request at adult training centres and be available to give medical advice in general when called upon. There was also a number of adult subnormal persons each year who required assessment and possibly medical advice. These patients may live in hostels or under the supervision of relatives and may be working. It was agreed that area directors of social services may call upon our medical officers locally to help in this work.

The senior medical officer for child health now examines at approximately six weeks of age all babies put forward for adoption through the Social Services Department. She is prepared to advise prospective foster parents in the care of the child and would follow on with mental developmental testing if this was required. The interpretation of reports upon the medical fitness of prospective adoptive parents also falls within her province, as does the annual examination of all children in County Council homes, and on their first admission to the reception centre.

It is necessary to have particularly good liaison when there are defects in child care at home. These are often first detected by the health visitor by reason of her statutory obligation to visit all children under the age of five years. Such cases need bringing to the notice of the appropriate social worker together with the precise details of how the matter arose. If legal intervention is contemplated there must first be a considerable interchange of fact and opinion at field and management levels.

Another area of patient care needing exchanges of thought is in the realm of home nursing. In discussions at various levels in both departments there is evolving an "acceptable overlap" of duties between the home help and the district nurse. In practical terms feeding a helpless patient, turning in bed, toileting, hair washing etc are some of the duties which the field workers of both departments may accept in common. It then becomes necessary to decide where the duties divide. Even these decisions become more complicated when the valuable work done by good neighbours, voluntary agencies, and the wardens of sheltered housing is taken into account. A simple case in point is instilling drops on a four-hourly routine to elderly patients living along when convalescent from eye operations. Here one agency often takes over from another during a twenty-four hour day.

The provision of medical loan equipment has also required thought. The Red Cross Society provide nursing aids and our district nurses provide some nursing loan and dressing equipment including incontinence pads. The Social Services Department have their own loan equipment and provide for those who are handicapped. Here again there is some "acceptable overlap" of

functions but most important from the patients' point of view both departments must understand the views of the Geriatrician or Consultant in physical medicine in charge of the case. This demands a three cornered exchange of information. There is little point in one of the community services supplying a walking frame if the hospital services are directing their expertise to encouraging the patient to walk unaided. Everyone wishes to be helpful. It is important that the common goal is made known to all.

It is pleasing to relate this summary of practical matters in which both departments are involved when reorganisation shortly places each under the control of separate authorities. At this time potential Area Health Authority staff locally are mindful of the links time and usage have established between Education, Social Services and Health and will do their best to perpetuate and improve them.

NATIONAL HEALTH SERVICE ACT 1946

HEALTH CENTRES

Health Centres Functioning
Wareham

During the year the building of Wareham Health Centre was almost completed. This will be the second functioning health centre in Dorset and it will be opened to the public early in 1973. It provides separate consulting suites for four general practitioners in one partnership and accommodation for local authority services. There was previously no single centre in Wareham for Health Department activities. These took place at a caravan clinic, rooms made available at Christmas Close Hospital and at the Parish Hall.

In future the new health centre will make available a consulting room for local authority medical staff which, together with waiting and general purpose rooms, will make up a suite suitable for child health, family planning and cytology clinics. In addition a large room is set aside for health education and ante natal relaxation classes. Office accommodation for health visitors, nurses, and a social worker is provided. Upstairs there is a full dental suite and rooms for the district medical officer of health. All staff are able to share a common room with a kitchenette.

Reference to the site and building plans demonstrates the careful thought necessary to obtain the correct juxtaposition of the service rooms so that circulation of persons according to the various needs of the health centre can be met.

health centre & ambulance station.

421
383

meters 0 5 10 15 20 25

north

car park

health centre

ambulance station

yard

staff

River House

doctors

Streche Road

site plan

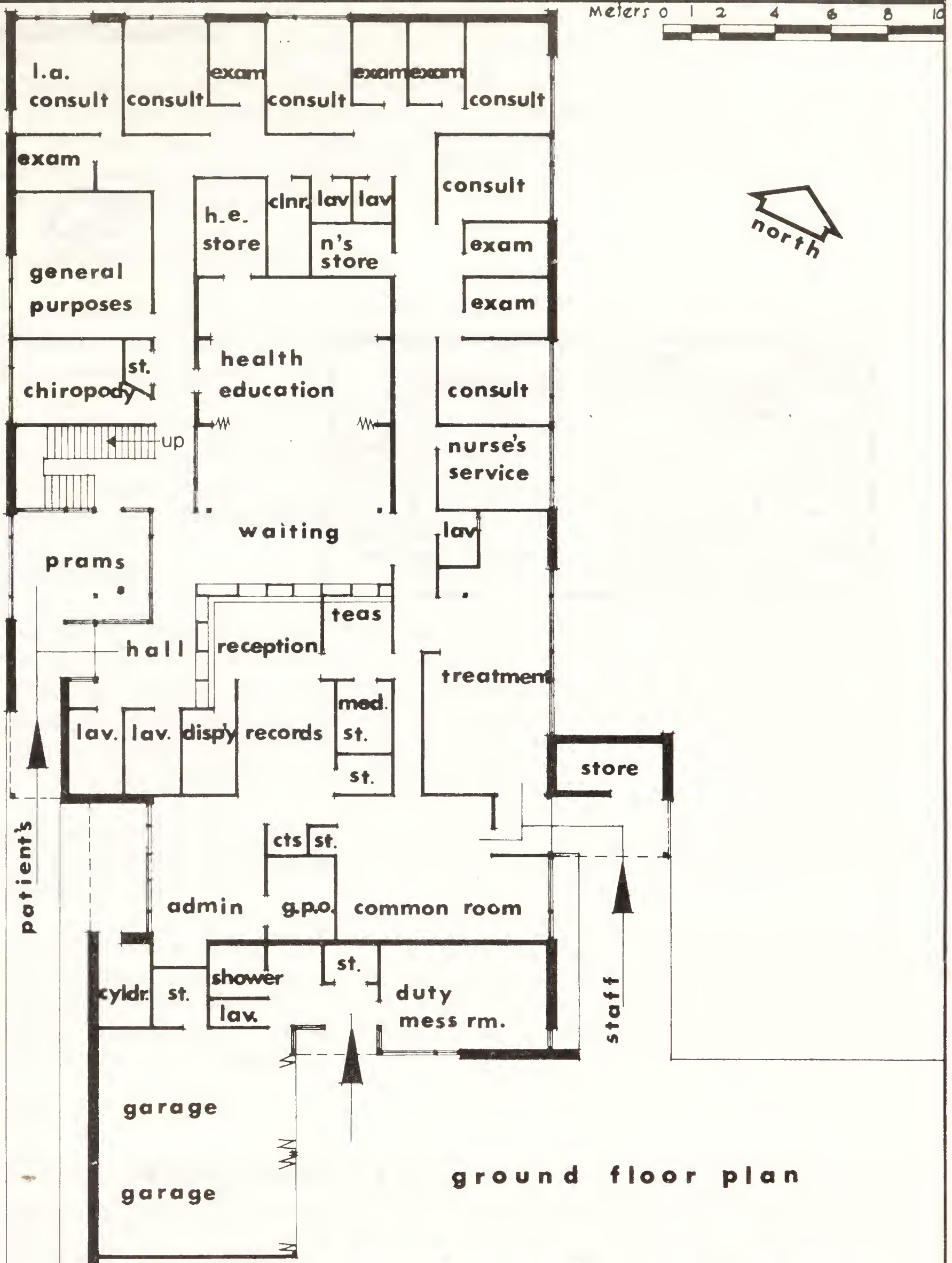
Wareham health centre and ambulance station

Dorset County Council J Hurst ARIBA Architect	Streche road Wareham	471 1:500

health centre & ambulance station

421
383

Meters 0 1 2 4 6 8 10



ground floor plan

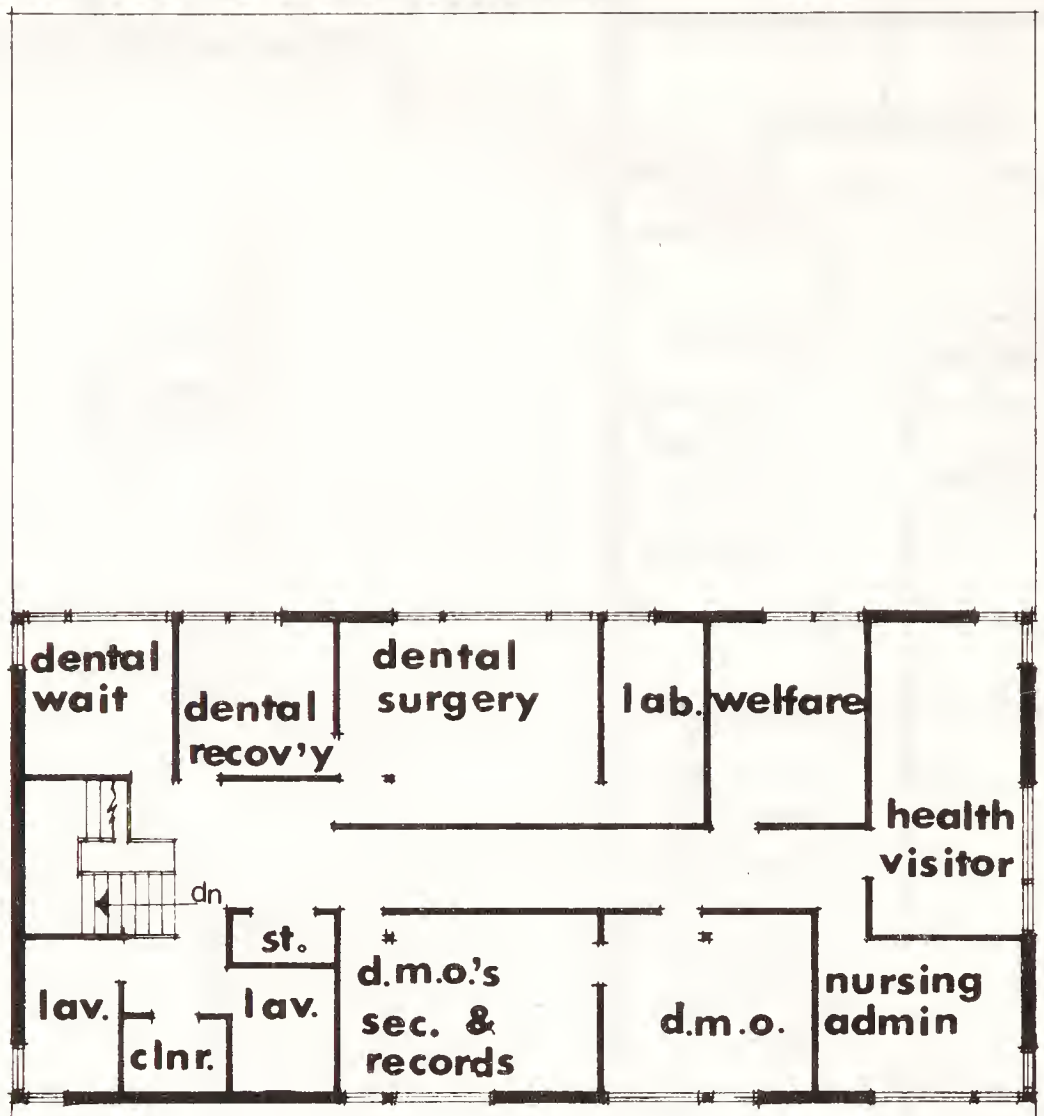
Wareham health centre and ambulance station

Dorset County Council J Hurst ARIBA Architect	Strechе road Wareham	471	
		1:200	C.

health centre & ambulance station

421
383

Meters 0 1 2 4 6 8 10



first floor plan

Wareham health centre and ambulance station

Dorset County Council J Hurst ARIBA Architect	Strache road Wareham.	471 1:200 C

Bridport

This health centre, opened in June 1971, continues to provide general practitioner and Health Department services in the manner planned. It also provides accommodation for a team of social workers employed by the Social Services Department - a combination of functions in one building most acceptable to staff and public alike. Although constructed around an established clinic and, therefore, not a new architectural concept from the outset, the health centre has been visited by many general practitioners in the County interested in establishing a group practice under similar working conditions.

Health Centres under construction

Building commenced upon Ferndown Health Centre during the year. This will provide much improved facilities for general practitioners and larger accommodation for health department activities in a rapidly expanding area of the County. Site works also commenced at Shaftesbury for a health centre to be constructed on land formerly in the ownership of the Regional Hospital Board. This building will provide for a group practice of four doctors and bring together various health department activities at present taking place in the small clinic adjacent to the Modern School. The proximity of this site to the Shaftesbury Hospital must also increase the ease of providing general medical care.

Health Centres planned

Upton Cross Health Centre now moves forward for detailed architectural consideration, the site for this building having been acquired and the need, general planning considerations, schedule of accommodation, etc. having been approved by the Department of Health. Wyke Regis, another expanding area of the County, could have a health centre built around an existing clinic in similar fashion to Bridport. Negotiations progress in obtaining slightly more land for this project which would encroach upon All Saints Modern School playing field.

Negotiations continue for land at Easton (Portland) and there are similar siting difficulties at West Moors and Westham (Weymouth). In the latter case the built-up nature of the locality makes site finding a problem.

At Poole, the Department of Health has approved plans for the health centre at Mansfield Road. This site is already in the ownership of the Poole Borough Council and considerable thought was needed by the architect to design this large centre for thirteen doctors within the confines of the site boundaries and yet allow minimal parking for staff cars. Health centres in Poole are also planned at Broadstone, and Merley.

Sherborne Clinic

This joint project with the Regional Hospital Board commenced construction during the year. The two storey building houses a geriatric unit, a physiotherapy unit and a replacement for the local authority clinic. The site, adjacent to the Yeatman Hospital, was generously donated by the Friends of the Yeatman Hospital.

Mothercraft and Relaxation Classes

These classes continue to be popular being run by health visitors and midwives jointly.

The number of women attending such sessions is given below:-

Year	No. attended
1967	717
1968	765
1969	814
1970	872
1971	817
1972	883

Child Health Clinics

During the year a new clinic session was started at Stalbridge but as all immunisations in the area are done by the family doctors this was started as a developmental session initially screening babies aged one year on the lines of the Bridport Clinic. Towards the end of the year the family doctors using the Bridport health centre made a request for a further session each month to screen younger babies. This we hope to commence in the new year.

The number of clinic sessions throughout the county fell during this year and fewer babies were seen at them. This is partly because health visitors are helping to run well baby sessions in doctors' surgeries and also because more developmental assessment is done in the clinics generally, thus fewer babies can be examined at each session.

	Number of children who attended during the year				No. of sessions held by				
	Born in year of report	Born in previous year	Other Pre-School Children	Total	MO	HV	GP	Hosp.	Total No. of sessions
1969	3,043	3,094	4,074	10,211	1,085	735	-	-	1,820
1970	3,164	3,409	4,064	10,637	1,083	765	26	-	1,874
1971	3,263	3,349	3,973	10,585	1,121	746	-	-	1,867
1972	3,117	3,172	3,306	9,595	1,037	717	-	-	1,754

The Care of Handicapped babies
Assessment Clinic

The clinic run by Dr Vulliamy and Dr Townsend has continued to be fully booked although again the number of general practitioners referring children direct remains small.

Towards the end of the year a senior social worker was appointed by the Social Services Department for the paediatric service generally and he attends our sessions and visits some of the families of our children; although this is only part of his work.

Developmental Assessment by Griffiths and other tests

During the year 160 children were tested for the first time, of whom 53 were seen at the premature baby follow-up clinic, 6 in connection with the special hearing assessment clinic and 1 at the request of Social Services Department.

Numbers of preschool children tested

	New Cases	Repeat tests	Total all Tests
1969	96	58	154
1970	147	63	210
1971	146	69	215
1972	160	94	254

It should be pointed out that all children showing any deviation from normal in a first test are always retested at least once and usually at six-monthly or yearly intervals until school age. In this way we get a more accurate idea of their true potential and avoid labelling children as backward when they are slow in developing e.g. due to lack of stimulation. During and after the test the opportunity is taken to advise mothers on suitable stimulation and to point out the next expected step in development.

Cervical Cytology Clinics

The total clinic attendance figures show a slight increase in 1972 over the previous year, although the number of patients attending for the first time continued to decline. General practitioners have been taking an increasing number of smears, as also have doctors at the Family Planning Association clinics. In June 1972, the punch card system of records was replaced by a pathology form devised by the Department of Health and Social Security for recalling patients nationally. This necessitates a 5-year recall period replacing our present 3-year recall, but it is advantageous in following up patients who move out of the area. The new system also puts a greater burden on clerical staff at the Pathology Laboratory, whose help is much appreciated in this respect.

County of Dorset (Excluding Poole)
Analysis of Attendance and Referral for Treatment
for Patients receiving Cervical Cytology Investigation in County Clinics

	1967	1968	1969	1970	1971	1972
First Attendance	2,571	2,186	1,265	1,185	982	718
No. of Repeat Smears	212	115	151	176	89	151
No. of Follow-ups	-	90	1,592	1,987	1,559	2,177
Total Attendance at Dorset County Council Clinics	2,783	2,391	3,008	3,348	2,630	3,046
No. of patients with invasive carcinoma	3	-	1	1	-	-
No. of patients with carcinoma in situ	10	5	6	8	2	2

497 extra cervical cytology investigations took place in 1971 from patients attending temporary clinics held in schools during the month of August; for reasons of comparison these figures are not included in the above table.

Analysis by years of the Sources of Cervical Cytology Investigations requested from Dorchester Laboratory

	1967	1968	1969	1970	1971	1972
By General Practitioners	531	745	1,205	1,435	1,726	2,110
By Family Planning Association	952	1,074	1,294	1,641	1,640	1,909
By Dorset County Council Clinics	2,609	2,257	3,255	3,306	3,220	2,962

Distribution of Welfare Foods

As in previous years, we have continued with the help of the Womens Royal Voluntary Service to arrange distribution centres in all areas and I do thank this Service and other voluntary workers for their assistance in this task.

Although orange juice and cod liver oil were officially discontinued in 1971, some remaining stock was issued. It is encouraging to see that the uptake of vitamin drops is increasing and in spite of the increase in price in National Dried Milk there was no fall in the number of packets sold.

	National Dried Milk	Cod Liver Oil	Vitamin A & D Tablets	Orange Juice	Vitamin A C & D Drops
1970	7,770 packets	3,312 bottles	4,357 containers	80,975 bottles	-
1971	7,239 packets	2,156 bottles	3,217 containers	78,462 bottles	5,239 bottles
1972	7,610 packets	254 bottles	2,991 containers	20,599 bottles	14,682 bottles

Family Planning
Clinics

In a railway carriage compartment one is often the unavoidable eavesdropper on a discourse within the field of health or politics. In May a member of our staff on the London train was treated to a dissertation upon the failure of family planning clinics to prevent pregnancies as evidenced by the rows of prams outside clinics when in session. In fact modern contraceptive techniques are very effective and it is obvious that the travelling speaker had never paused to think of the subtle difference in meaning between the terms "family planning" and "contraception" Worse still she was using "family planning" as a euphemism for "contraception"

Family planning advice is given through the agency of the Family Planning Association who hold clinics in County Council premises at Blandford, Bridport, Dorchester, Ferndown, Swanage and Weymouth. Clinics are also held at Lyme Regis and Poole in hospital premises and at Wareham in rooms at Christmas Close hospital. This clinic will transfer to the new health centre when it opens.

Consultation and supplies are made available free of charge to patients who for medical reasons should not have a pregnancy. The cost to the Family Planning Association of this service was charged to the County Council on a per capita basis, the total expenditure during the year being some £2,300. Other patients who have no medical reason for preventing a pregnancy pay the Family Planning Association direct, fees being based upon a scale of payments decided upon nationally and appropriate to the form of contraception advised. In December 1972 for example

consultations during a year would cost £3.80 and the insertion of an intrauterine device and checking its position at a later date would cost £3.15. In the other branches of the Health Service contraceptive advice and supplies, when there is no medical reason to prevent pregnancy, are usually only available on payment of a fee.

The size of the population in England, the maxim that "all children should be wanted children", and the belief that the cost of family planning advice deters many patients from seeking it, has caused deeper thinking persons to advocate that this service should be freely available to all. During the year the Government promoted a bill making advice and medical examination for contraception free of charge, but adding that charges may be made for treatment and supplies. Later in the House of Lords the Government were defeated by an Opposition amendment that a completely free and comprehensive family planning service should be made available. This would include free supplies. This amendment was later rejected at the Third reading.

Locally we had been moved to similar thoughts and had examined the possibility of free consultation to all with free supplies to "medical" cases. It seemed possible that a service of this type could be arranged within the scope of our budget if clinics were run directly by personnel employed by the department but retaining the help of volunteers and clinic secretaries. This new approach was put to the Health Committee in September and the financial aspects were finally agreed the following January. Thus a direct family planning service will commence from 1 November 1973.

Attendances at the family planning clinics during the year are as follows:-

Family Planning Clinic Attendances

	No. of sessions	Medical Cases	New Patients	Total Attendances
Blandford	54	36	97	615
Bridport	34	64	55	361
Dorchester	92	176	204	1,521
Ferndown	109	109	166	1,523
Lyme Regis	12	8	17	127
Poole (LA)*	211	7	264	1,760
Poole (FPA)+	49	10	224	1,546
Shaftesbury	23	8	46	289
Swanage	47	172	129	981
Wareham	44	37	43	541
Weymouth	81	205	183	1,198

* Figures refer to four clinics at separate premises.
\+ Medical cases are resident in the county area.

Domiciliary family planning

Even when facilities for family planning are free of charge, a small number of women have a great reluctance to attend a doctor's surgery or a clinic at any time. Sometimes this is due to ignorance of modern techniques, or perhaps due to apathy or despair that another pregnancy is the rule. For some women the late stages of repeated pregnancies are the only occasions when other members of the family show them any kindness, so that resistance to receiving advice may occur because of this.

For these reasons a scheme of domiciliary family planning commenced during the year. This again takes place through the agency of the family planning association who provide a doctor trained in family planning techniques to give advice in the home. It was expected that the initiative for a domiciliary visit would come from the health visitor or the family doctor. We had considered also that a social worker may occasionally be in a position to raise this matter, but in one case a patient under the scheme initiated a fresh case with the family planning nurse, showing how valuable education in this field can be. The ultimate aim in each case is to get the patient to attend clinic as confidence is gained.

In the first year only three women were treated under this arrangement although there may have been a number of interviews which were unproductive and unrecorded. We were fortunate in being able to obtain the services of a doctor and nurse experienced in domiciliary family planning from the London Boroughs of Lambeth and Wandsworth to talk to our health visitors about the practical issues likely to arise.

Dental Treatment - Priority Classes

On 31 December, 1972, there were 14 dental officers, 2 dental auxiliaries and one hygienist on the staff of the County Council, which, with four dental officers in Poole, gave a whole-time equivalent based upon the total number of sessions worked, of 17.7 officers. This was a decrease of half an officer on the previous year. There have been several changes of staff occasioned by natural causes - birth, death and promotion - although we are now virtually back at full strength, the disruption so caused has had its inevitable effect upon our efficiency.

During the year rather less time was devoted to the care of expectant and nursing mothers and pre-school children - 331 sessions to treatment and 31 to dental health education - an overall decrease of 61 sessions. As will be seen from the figures the number of pre-school children inspected shows little change, but it is encouraging to note that fewer required treatment and that less treatment was needed. This may be attributed to the success of our dental health education programme.

Although the number of mothers inspected and treated is small, there has been nearly a fifty per cent increase in the numbers treated - a complete reversal of the previous trend. The reasons for this are not entirely clear. A contributory factor is undoubtedly the availability of evening sessions in Dorchester and Sherborne which is demonstrated by the fact that the increase is greatest in these places, but the increase is however spread fairly evenly over the County with the exception of Poole where the demand seems fairly constant. It may well be that it is due to an increase in the mobile population of Dorset coupled with the devoted efforts of our health visitors in referring those mothers who have not got a dentist of their own.

Dental Health Education by dental officers, auxiliaries and hygienists have continued and, in all, 37 talks were given to play groups, expectant mothers and adult organisations. It appears that the most productive talk is that given to play groups as on many occasions information given to three-year olds has been relayed back to the speaker by older brothers and sisters revelling in their rectitude. It seems undeniable that our efforts in organising a constant reinforcement of information delivered to these highly receptive groups is having an effect in reducing the amount of dental decay in young children. We still have however a long way to go.

Dental Treatment - Statistics

	Children		Mothers	
Number treated	674	(796)	156	(109)
Visits for treatment	1,408	(1,604)	452	(382)
Additional courses of treatment commenced	91	(117)	26	(10)
Fillings	1,256	(1,452)	422	(400)
Teeth filled	1,193	(1,354)	396	(370)
Teeth extracted	466	(492)	129	(112)
Administrations of General Anaesthesia	143	(176)	11	(3)
Emergencies	157	(166)	16	(20)
Patients X-rayed	20	(10)	9	(11)
Prophylaxes	109	(208)	98	(73)
Teeth otherwise conserved	136	(156)	2	(5)
Teeth root filled	-	(-)	0	(2)
Inlays	-	(-)	-	(-)
Crowns			2	(1)
Courses of treatment completed	627	(752)	138	(92)
Patients supplied with full dentures (First time)	(-)	(-)	1	(2)
Patients supplied with other dentures	(-)	(-)	12	(12)
Number of patients inspected for first time during year	1,388	(1,406)	192	(127)
Number of patients who required treatment	744	(895)	156	(117)
Number of patients who were offered treatment	699	(848)	156	(116)

Number of sessions worked:-

Treatment	331
Dental Health Education	31

(Figures for 1971 are shown in brackets)

FLUORIDATION OF THE PUBLIC WATER SUPPLIES

Notwithstanding recommendations to the County Council urging fluoridation of the public water supplies prolonged debates in the Council Chamber resulted on each occasion in their non-adoption.

The Health Committee, after making a number of positive recommendations on this subject, decided when the matter was last under consideration that no action should be taken to make arrangements with water undertakers for the addition of fluoride to water supplies, neither should alternative methods of administering fluoride to children other than by addition to water supplies be implemented.

Nursing Management

The new management structure which was adopted following the Mayston Report is gradually being implemented. During the year two nursing officers were appointed. One in East Dorset for health visiting and the other in West Dorset for home nursing. At the time of this report all nursing administrators in post will have attended an appropriate management course. It is anticipated that by 1974 there will be a further increase of nursing officers so that the principles of good management as defined in the Mayston Report will be effectively achieved.

Attachment of Staff

Geographical areas - particularly in East Dorset are no longer definable as more staff become attached to group practices. Further progress was made during 1972 in schemes of attachment. Cross border visiting by health visitors and nursing staff is a natural development following attachment to general practitioners. Dorset staff now attend patients in Wiltshire, Somerset and Hampshire. Negotiations are progressing for a similar scheme with Devon. As nursing staff are in closer contact with general practitioners in their surgeries, more work is generated and various nursing procedures are carried out in the practice premises. This is illustrated in the following table:-

	Injections	Dressings	Ear Syringing	B/Pressure Readings
Bridport Health Centre	244	320	170	-
Shaftesbury (GP surgery)	95	6	54	-
Wareham " "	293	193	127	-
Ferndown " "	466	4	-	17

Liaison with Hospitals

A "Back-to-Nursing" programme was arranged through the courtesy of the local hospitals, for four new staff who had returned to nursing after a long break. This enterprise was helpful in restoring their confidence and in demonstrating new nursing procedures. Home nurses and midwives have also visited hospitals and maternity units for observation of current hospital procedures.

Health visitors attended ward rounds at St Leonard's Hospital with the Geriatric Consultant. This innovation has now developed into a liaison scheme whereby one health visitor has a regular commitment to St Leonard's Hospital. A further liaison scheme has been established in connection with diabetes. The diabetic consultation clinics in Poole, Dorchester and Weymouth are attended by one local health visitor on a regular basis.

Early Hospital Discharge

The teaching midwives in South Dorset conduct an increasing number of hospital deliveries with their students and continue their care following the patient's early hospital discharge. This scheme, which was launched in September 1971, is satisfying and popular with patients, hospitals, and domiciliary staff alike.

EARLY MATERNITY HOSPITAL DISCHARGES IN DORSET INCLUDING POOLE

Year	Domiciliary Births	Hospital Births	Early Hospital Discharges
1967	861	3,426	1,618
1968	743	3,453	1,983
1969	620	4,525	2,355
1970	511	4,625	2,357
1971	419	4,729	2,535
1972	322	4,740	2,645
TOTAL	3,476	25,498	13,493

The Guthrie Test for phenylketonuria is carried out by midwives on all babies during the puerperium. Any unsatisfactory result is followed up by the relevant health visitor who will include a further test during her routine visiting.

Training

Five pupil nurses were given ten weeks practical experience in the community, linked with tutorials. This enterprise was worth the considerable amount of time involved by those concerned since all the pupils passed their examinations. Student midwives are no longer required to complete six case histories; neither are they required to conduct a stated number of home deliveries during training, according to the present ruling of the Central Midwives Board. Students are now required to give a sociological account of three case histories including the obstetric details. These particular cases are visited for 28 days post partum with the health visitor. This change in emphasis during training, which commenced 1 January 1972, will be of benefit following the integration of the health services. Five students completed their training during 1972.

Loss of life associated with Childbirth

There were no maternal deaths during the year.

Neonatal Deaths

The number of neonatal deaths during the year increased to fifty-seven compared with forty-three last year.

The stillbirths numbered sixty-five as compared with seventy-eight in 1971. Thus making the total perinatal deaths 122 against 121 in 1971.

The following table shows the causes of neonatal death:-

Cause of Death	1972 Number Dying	1972 % of total	1971 Number Dying	1971 % of total
Prematurity and respiratory disease syndrome	18	31.6	8	18.6
Prematurity	16	28.1	11	25.6
Total Prematurity	34	59.7	19	44.2
Congenital defects	10	17.5	9	20.9
Asphyxia	4	7.0	4	9.3
Birth Injury	4	7.0	4	9.3
Respiratory infection	3	5.3	6	14.0
Other	2	3.5	1	2.3
Total Deaths	57	100%	43	100%

It would seem that the main cause of the rise in neonatal deaths is due to the increased number of premature babies dying, often in the presence of respiratory distress syndrome. In view of the decrease in still births it may be that more premature infants were born alive, only to die in the early neonatal period.

All age groups within the community are visited by the health visitor whose role remains unchanged as the key health worker in the local authority. The School Health Service is also manned by the health visitors working with their medical officers in schools, throughout the educational life of the child. Area directors and social workers of the Social Service Departments have accepted invitations to meetings of health visitors in order to become known to them and to have a deeper understanding of each others' role in the community service.

Surveillance Study of the Growth and Nutrition of School-Children

As a result of Government changes in policy regarding welfare milk and school meals, a surveillance study of twenty-four selected areas in England was launched and the Dorset Health Authority was invited to participate. The major aim of the study is to identify any adverse nutritional effects of these changes in policy as early as possible. A team led by Professor W W Holland of the Department of Clinical Epidemiology and Social Medicine of St Thomas's Hospital is carrying out a study on primary school children with the full co-operation of parents, educational staff and health visitors. The first of the surveys began in October 1972 and they will continue for the next four years.

Cases visited by Health Visitors

		Total No. of Cases Seen (1)	Number of Cases included in col. (1) seen at special request of Hospital (2)	GP (3)
(1)	Children born in 1972	5,462	92	54
(2)	Other children aged under 5	18,248	14	142
(3)	Persons aged between 5 and 16 seen as part of health visiting (ie excluding those seen as part of school health service)	8,035	92	125
(4)	Persons aged between 17 and 64	3,783	125	328
(5)	Persons aged 65 and over	2,696	488	630
(6)	Households visited on account of tuberculosis	102	19	24
(7)	Households visited on account of other infectious diseases	115	4	21
(8)	Households visited for any other reason	897	41	84
(9)	TOTAL	39,338	875	1,408
	Number of persons included in lines 1-5 above who are:-			
(10)	Mentally Handicapped	74	2	15
(11)	Mentally Ill	120	15	55

District Nurse Training

Four nurses successfully completed their district training course, either by day release or secondment to another local authority for the training period. As nurses retire, they are replaced by young, often married nurses, who are unable to take the district nurse training certificate because of domestic commitments. It is envisaged that Dorset will launch its own training scheme within the year 1973/74 which will allow more staff to be trained locally and will be of value to the larger home nursing establishment of the proposed Area Health Authority.

New Techniques

The major part of a district nurse's work is devoted to her care of the elderly, sick and infirm. Some of these infirmities are localised in the lower limbs in the form of chronic leg ulcers. At the time of this report a pilot scheme is in progress whereby, with the co-operation of patients, general practitioners and consultants, an alternative method of treating ulcers is used. It is hoped that the scheme will prove successful.

IMMUNISATION AND VACCINATION

Immunisation against diphtheria, whooping cough, tetanus, measles and poliomyelitis continues to be offered to the young child. At thirteen years of age vaccination against German measles is made available, and later those children who have not already experienced their primary infection of tuberculosis are offered BCG vaccine.

Number of children who completed Primary Courses of Prophylaxis

	Diphtheria	Whooping Cough	Tetanus	Measles	Polio (oral)	Polio (inject.)	Total Polio	Rubella
1968	4,013	3,782	4,340	8,857	4,608	-	4,608	-
1969	2,812	2,603	3,240	3,505	3,186	-	3,186	-
1970	4,450	4,138	4,824	4,716	4,532	-	4,532	1,187
1971	4,468	4,159	4,761	4,114	4,564	-	4,564	2,537
1972	4,521	4,226	4,635	3,674	4,591	-	4,591	1,201

Number of children receiving Secondary (booster) doses

	Diphtheria	Whooping	Tetanus	Polio (oral)	Polio (inject.)	Total Polio
1968	8,430	3,058	8,794	5,853	-	5,853
1969	6,947	2,019	8,488	7,625	-	7,625
1970	6,666	1,303	8,321	7,929	-	7,929
1971	6,387	1,089	8,318	8,329	-	8,329
1972	6,008	1,071	8,048	7,833	-	7,833

Computer Assisted Immunisation

Immunisation is undertaken by family doctors and local authority staff using several vaccines, some with differing time intervals between injections, on a population which is never static. The complexity of immunisation routines now requires meticulous and time consuming record keeping, and firm resolve on the part of the mother to see the whole issue is brought to a suitable outcome.

Computer assistance offers a release from this strain to both doctor and parent. Electronic "diary keeping" offers appointments for immunisation and sends lists of the names of children requiring prophylaxis to doctors at appropriate intervals. Once programmed, most of the routine clerical work is completed by the computer with a consequent saving in staff time. This system was pioneered by West Sussex County Council who have obtained some of the highest national rates for the number of children immunised.

The system also lends itself to adaptation for other medical uses once a child population file is established. Thus if necessary, reminders that certain developmental tests have not been carried out, or that health records should be called to the central office for appraisal at a routine interval can be arranged. In practice it is quite possible for school health records to be established from the same computer file.

In October 1971 the Health Committee gave consideration to the adoption of a computer assisted immunisation scheme, and early in 1972 agreed to finance the project. Careful thought within the department was given to the appropriate system to adopt and eventually it was decided to accept the scheme already made available to Bournemouth residents by the Borough Health Department using the Honeywell 200 computer operated by the Corporation. This decision was not only prompted by the availability of computer time but also by the obvious advantages of the three health departments of Bournemouth, Dorset and Poole operating the same computer system after reorganisation.

During all these deliberations the importance of family doctor co-operation for the success of the scheme was borne in mind. In August general practitioners in Dorset and Poole were given an explanation of the proposed scheme and asked whether they wished to take part. The replies indicated that out of 173 doctors circularised, 147 asked to participate of whom 80 were able to give specific appointment days to hold immunising sessions. Twenty-six doctors decided not to take part in the scheme but 15 of these asked the Health Department to undertake all their immunisation and vaccination work. Thus only 11 general practitioners decided to continue immunising without computer assistance.

It was not entirely a straightforward matter to adapt an urban computer programme to a sparsely populated rural area. For example Bournemouth have access to their computer once per month. We felt that our multiplicity of smaller clinics and branch surgeries required more flexibility and therefore two access periods spaced about a fortnight apart would be needed. We were concerned that there should be no programme overlap for doctors already in the Bournemouth scheme who have practices spreading into the County area. There were several minor difficulties caused by dislike of computers for ethical reasons, unorthodox working, fifth weekdays in the month etc, which flexible though our present computer programme is, could not entirely be overcome. To some extent with every innovation in procedure one cannot carry on working in quite the same old way!

At the end of the year it was necessary to enter details of surgery and County clinic addresses, together with their corresponding session dates, on the computer programme. From February 1973 Health Visitors have been obtaining parental immunisation consents suitable for computer use, and thus we hope to launch the computer assisted scheme from April 1973.

Use of the Service

During 1972, 199,786 patients were conveyed by road a total of 2,010,849 miles representing increases of 7.12 per cent and 10.67 per cent respectively compared with 1971. In addition 74 patients were conveyed by rail (73 in 1971), a total of 10,468 rail miles (9,456 miles in 1971). The growing number of day care patients and attendances at out patients departments is the main factor accounting for the continued increase in the use of the service.

Comparative Mileage Table

Year	Ambulance Service		Hospital Car Service		Both Services Combined	
	Mileage for year	Increase (+) or decrease (-) on previous year	Mileage for year	Increase (+) or decrease (-) on previous year	Mileage for year	Increase (+) or decrease (-) on previous year
1963	512,242	- 6,741	737,551	- 3,243	1,249,793	- 9,984
1964	524,387	+ 12,145	853,634	+ 116,083	1,378,021	+128,228
1965	551,616	+ 27,229	934,140	+ 80,506	1,485,756	+107,735
1966	526,810	- 24,806	998,463	+ 64,323	1,525,273	+ 39,517
1967	556,347	+ 29,537	1,005,504	+7,041	1,561,851	+ 36,578
1968	547,887	- 8,460	1,000,795	- 4,709	1,548,682	- 13,169
1969	536,245	- 11,642	1,039,610	+ 38,815	1,575,855	+ 27,173
1970	549,058	+12,813	1,159,360	+119,750	1,708,418	+ 132,563
1971	580,173	+ 31,115	1,236,810	+77,450	1,816,983	+ 108,565
1972	605,920	+ 25,747	1,404,929	+168,119	2,010,849	+ 193,866

Staff

The following is a summary of training done during the year:-

	No. of Staff Attending
At Regional Training Schools -	
New entrants (6 weeks) courses	2
Refresher (2 weeks) courses	12
Pre-instructors (one week)	2
Officers courses (2 weeks)	2
Full instructors course (3) weeks at Wrenbury)	1
At Bournemouth Training School -	
Advanced, pre-hospital (6 weeks)	4
South West Provincial Council Schools -	
Course for Shop Stewards	1

In addition 32 members of the staff were attached to hospitals for one weeks training and local inservice training was continued.

The establishment of full-time staff was increased by thirteen ambulancemen and new five-day working rotas were drawn up and agreed with the Unions and staff for the ten smallest stations.

The overall establishment at 31 December 1972 was as follows:-

County Ambulance Officer	1
Clerical and Control Officers	9
Supervisor, deputy Supervisor and Head Drivers	14
Full time ambulancemen	65
Part time and Voluntary (to equivalent full time)	8
	97

Dorchester Ambulance Headquarters

A site belonging to the Regional Hospital Board has been made available in Damers Road for a new ambulance headquarters. This project is planned to commence construction in 1973. There will be garage and maintenance space for ten ambulances and provision for a mens' duty room and kitchen. There will also be a control room, lecture room, and office accommodation for central staff. This centralisation of control and operational staff in a modern purpose-built premises will greatly assist the smooth running of the service and provide better amenities for personnel, the storage of equipment and the servicing of vehicles.

The Dorset Branch of the British Red Cross Society continue to help with the loan of medical apparatus required in the home. This service is extended to patients discharged from hospital or to those confined to home who are aged or chronically sick. (The range of equipment loaned is considerable from a bed-pan, or commode to a bed-table or air-ring). Social Services officers and nursing staff co-operate in assessing which apparatus or medical equipment is suitable for those patients and they also arrange for its conveyance if required.

Tuberculosis

A central register of tuberculosis cases is kept by the department. The follow-up of these cases is complex, contacts must be interviewed, families x-rayed, and correspondence may ensue with other counties when contacts have moved on or a case has been living elsewhere. Close co-operation is necessary between district medical officers, health visitors, chest physicians and radiography departments. Occasionally veterinary surgeons are involved when a human/bovine link in the disease is suspected.

Mass Radiography

I am indebted to the Medical Director of the Mass Radiography Centre for the following details of their work in Dorset:-

15J 100 mm. Unit - Surveys carried out in Dorset during 1972

		Males	Females	Total
Blandford	General Practitioner Sessions	507	244	751
Dorchester	" " "	111	201	312
Ferndown	" " "	231	242	473
Oakdale	" " "	194	183	377
Parkstone	" " "	323	259	582
Poole	" " "	886	742	1,628
Portland	" " "	119	137	256
Swanage	" " "	77	89	166
Wareham	" " "	147	149	296
Weymouth	" " "	490	626	1,116
Wimborne	" " "	194	171	365
FMC Abattoir, Wimborne (Employees)		9	-	9
Alexandra House, Parkstone (Contacts)		11	40	51
		3,299	3,083	6,382

An analysis of the results is as follows:-

Number examined = 6,382
Referred to Chest Clinic = 207

	Males	Females	Total
Tuberculosis, requiring hospital treatment	2	1	3
Tuberculosis, requiring domiciliary treatment	1	-	1
Tuberculosis, requiring occasional supervision only	25	26	51
Carcinoma of lung	41	9	50
Cardiovascular lesions	10	5	15
Other conditions (non-tuberculous)	51	35	86
Not yet classified	1	-	1
	131	76	207

Referred to Doctor or Hospital = 105

	Males	Females	Total
Carcinoma of lung	3	3	6
Cardiovascular lesions	36	28	64
Other non-tuberculous conditions	11	21	32
Not yet classified	1	2	3
	51	54	105

Age Groups **examined and incidence** of active Pulmonary Tuberculosis

Males	Under 14	14	15-19	20-24	25-34	35-44	45-54	55-59	60-64	65+	Total
Examined	29	15	430	392	582	426	494	233	237	461	3,299
Active Cases	-	-	-	-	-	-	1	-	-	2	3
Rate per 1,000	-	-	-	-	-	-	2.02	-	-	4.33	0.90
Females											
Examined	22	10	263	411	591	538	529	212	185	322	3,083
Active Cases	-	-	-	-	1	-	-	-	-	-	1
Rate per 1,000	-	-	-	-	1.69	-	-	-	-	-	0.32

VENEREAL DISEASE

The Dorset patients dealt with for the first time at treatment centres in 1972 are classified in the following table. The figures in brackets relate to the previous year:-

Treatment Centres	Syphilis	Gonorrhoea	Other Conditions	Totals
Bournemouth	5 (7)	155 (191)	850 (624)	1,010 (822)
Dorchester	- (1)	7 (10)	63 (53)	70 (64)
Salisbury	- (-)	6 (2)	31 (17)	37 (19)
Yeovil	- (-)	2 (4)	20 (18)	22 (22)
Weymouth	2 (1)	13 (25)	161 (132)	176 (158)
Southampton	- (-)	2 (5)	36 (21)	38 (26)
Winchester	- (-)	- (-)	5 (5)	5 (5)
	7 (9)	185 (237)	1,166 (870)	1,358 (1,116)

Contact Tracing

Ministry of Health Circular 38/68 enclosed a memorandum which stressed the importance of contact tracing in the control of venereal disease. In view of the importance of this subject, a meeting was arranged when representatives of the relevant hospital and local authorities accepted the need for the appointment of a part-time social worker to be employed as a contact tracer, the cost of salary, travelling and out of pocket expenses to be shared between the local authorities concerned on the basis of the breakdown of venereal disease cases by place of residence. Dorset County Council's share of these costs was agreed to be 30%, Bournemouth 60% and Hampshire 10%.

Renal Dialysis in the Home

Since 1969 the department has assisted nine patients in setting up facilities for home dialysis. The number of patients seeking help is likely to increase steadily over the years and may well average out at approximately one per general practice. Assistance at home is jointly provided by the Hospital and Local Authorities. The Hospital lends the dialysis equipment, pays for electricity and may provide a telephone in certain cases. Local Authorities may provide suitable housing, and the Health Authority may need to make available monies to build or adapt an extra room of about 1,000 sq. ft. for treatment. A sink, a hospital bed, a dialyser, a monitor, electrical points and storage space are all necessary in the room. Sometimes it is possible to adapt a garage adjacent to a house; sometimes a house extension is necessary; sometimes a family must be rehoused before any thought of home treatment is possible. The following table gives some idea of the number of patients helped by the department in this way:-

	1968	1969	1970	1971	1972
Number of patients	1	2	2	2	1
Total cost of home facilities charged to LHA	£484.36	£703.17	£575.2	£1,603.28	£1,450.90

The cost of treatment to the hospital is also considerable and is in the order of £2,000 down plus £1,000 per year for each patient. "Home" dialysis means dialysis mostly at home. Occasional return to the artificial kidney centre, routine blood tests, support for the patient and regular delivery of stores are a continuous need.

HEALTH EDUCATION

The importance of health education has been recognised by successive governments for several decades. Permission to disseminate information about health or disease is contained in the 1936 Public Health Act. Later, in the National Health Service Act, power was given to undertake health education in order to prevent illness. Health is certainly a topical subject. Mindful that the health education carried out by this department over the years has been the work of enthusiasts, often working alone without coordinated policy or specialist support, the Health Committee agreed to create a health education section to improve this service. It was agreed that a Health Education Officer and an Assistant Health Education Officer should be appointed in 1972 to be followed by a technical assistant the following year.

Policy

The policy of the Health Education Section will be to promote health education on the broadest possible basis, working across disciplines and through all the Community Care Services including Voluntary Services.

The Health Education Officer should act as catalyst/adviser/evaluator and occasionally in the inservice training situation, as a teacher.

The Service

Creating a new service is a confliction of hopes, aims and achievements in:-

1. Assessing the needs to be met by the service.
2. Creating a demand for the service.
3. Establishing a service.

These three objectives are inter-related and success depends on progress in all three areas.

Previous Service

Health education was already being done in clinics and schools by Health and Dental Departmental staffs. The support service was organised by Mr Jack Waite and included the booking and projecting of health education films through-out the County. Mr Waite has continued this demanding task until such time that Health Education Staff can take over, or other duties preclude him. Appreciation of the service he has given should be recorded. By the end of 1972 a substantial nucleus of filmstrips, slides, films, and models had been purchased. The Health Education Audio-Visual Aid Centre to be established in Dorchester was on the way.

Health Department Staff Meetings

Formal introductions to sectional staff enabled the County Health Education Officer to attend the following meetings:-

1. District Medical Officers' Meeting
2. Dental Staff Meeting
3. Health Visitors' Staff Meeting
4. District Meetings of Midwives and District Nurses.

The Chief Nursing Officer encouraged close working relationships with the two Area Nursing Officers. The in-service training of nursing staff in health education is to be undertaken.

Hospital Services

The Principle Nursing Officer Education, Poole and Bournemouth Hospital Group extended an informal invitation to meet the teaching staff, and backed this up by requesting a lecture to trained staff at the December Study Day.

Education Department

The advisers of the Education Department have shown a great deal of interest and good will towards Health Education. The County Health Education Officer was invited to become an honorary adviser, attend their staff meetings and work with and through them in the field of education.

An address on health education was given at the October Conference of Home Economics and Needlework Teachers. Arrangements have been made for the Health Education Officer to attend the following meetings in the New Year:-

1. Head Teachers' District Meetings
2. The Teachers' Centre Leaders' Meetings
3. The Youth Services Leaders Meetings.

Schools

Seven senior schools and the Youth Activities Centre requested a visit and help from the Health Education Officer. These schools with one exception were already carrying out a great deal of health education. The one school requested practical help in the classroom situation rather than reinforcement and support.

School Policy

It will not be the policy of the Health Education Section to run a peripatetic teaching service. The aims of the service will be:-

1. In-service training through individuals or groups of teachers, to give the knowledge and any additional skills needed to enable teachers to do their own health education within the context of the school curriculum.
2. To establish an audio-visual aid and reference centre as a back-up service. Liaison with the Education Audio-Visual Centre will be close, the two services complementing each other.
3. To establish a library.
4. To make available to schools guest speakers on specialist subjects.

Higher Education

Contact has also been made, discussions held and on-going service and cooperation planned with the Weymouth College of Education, The South West Dorset College of Education, and Poole Technical College.

Social Services Department

It is hoped to work closely with the Social Services Department particularly in the field of inservice training. Areas where health education is needed are emerging and will be followed up.

Environmental Health

The Public Health Inspectors are already undertaking a great deal of health education, with the general public, in technical colleges, courses for food handlers and in schools as guest speakers. Throughout the County there is a most impressive collection of slides illustrating their varied duties. It is hoped to work closely with the Health Inspectors and have their help in producing teaching kits on environmental health for use by teachers in schools.

Voluntary Bodies

Guest speakers on health education topics have been organised for voluntary groups and societies. The most interesting project was a course on Child Growth and Development and the Handicapped Child run over a period of seven weeks for the Ferndown branch of the Red Cross Association. Specialist professional speakers covered different aspects of the course which was well attended throughout. The end product has been the establishing of the Dougal Club at Ferndown.

National Policy

Health Education supporting National Policy will be undertaken and plans for lectures on the following priority subjects have been made:-

1. Family Planning
2. Venereal Disease
3. Cancer and Cervical Cytology
4. Smoking.

The Effect of National Health Service Reorganisation

The County Health Education Officer was a member of the Dorset Joint Liaison Committee Working Party on Health Education, which issued its final report on 8 December 1972.

Contact had been made and friendly relationships developed between Health Education colleagues in the Bournemouth, Winchester and Poole areas, before the Working Party Meetings were held. Reorganisation is going to be a tremendous but exciting challenge. The co-operation of all Health Education Staff will be essential. We have made a very small beginning and have a long way to go.

	Number of Talks and/or Films	Total Audience
Dental Hygiene	261	9,650
Mothercraft and Child Care	101	1,866
First Aid	11	230
Health Services	9	240
Smoking, Drugs, etc	4	240
Food Hygiene	3	60
Physically Handicapped	3	350
Personal Hygiene	2	60
Care of the Feet	1	20

Materials Used

Leaflets	12,274 (2,400 free)
Booklets	7,300 (6,000 free)
Posters	636 (36 free)

CHIROPODY

Chiropody sessions are held in health clinics and in other premises. The Dorset Branch of the British Red Cross Society continues to provide the service throughout the County, as agents of the County Council, except in the Weymouth area where part-time chiropodists are directly employed. The number of treatment centres provided under the agency scheme remained unchanged at twenty-five, and the Society continues to organise the service in a most efficient manner. Patients are seen by appointment, a nominal charge being made towards the cost of the chiropodists' fees, dressings, etc. Priority is given to the elderly, to physically handicapped persons and expectant mothers, transport being provided as necessary. The Council is most appreciative of the time devoted to this important service by the many voluntary workers.

During the year, a total of 2,285 sessions, each of about three hours, were held at the agency centres compared with 2,427 in 1971, and there were 5,304 patients on the register at the end of the year against the figure of 5,203 for 1971. At the end of the year under review 148 persons were on the waiting list compared with 105 at the end of 1971. In the Weymouth area 3,506 attendances were made at 444 sessions during the year compared with 3,215 attendances at 322 sessions in 1971. On 31 December 1972 there were 959 patients on the register compared with 773 at the end of 1971.

The Society have given notice of their intention to cease operating the agency as from 1 April 1973 but have kindly agreed to continue to provide volunteer staff to make necessary appointments and attend on patients at the clinics. The Council accepted this decision with regret and arrangements are in hand to administer a direct service after that date. Reference was officially made to the good work undertaken by the Society and it was unanimously agreed that the clinics would continue to be known as Red Cross Foot Clinics.

REGISTRATION OF NURSING HOMES

One new home was registered during 1972 and at the end of the year there were eighteen registered homes providing 276 beds for general cases. There are no homes registered with this Authority for maternity cases, and no homes are registered under the Abortion Act 1967. The statutory periodic inspections of registered homes were carried out as in previous years, and no complaints were received about the care provided. This care is of a high standard with a wide variety of approach to the elderly patients, most of whom spend many years in the home of their choice. There is a growing emphasis on rehabilitation, particularly in walking, and services such as talking books for the blind are appreciated.

WATER SUPPLIES AND SEWERAGE

The Provision of Piped Water and Main Drainage in Dorset

In the Annual Reports for 1970 and 71 information was given on progress with the provision of piped water and main drainage over recent years, but because of the impending reorganisation of water and sewage services, the County Public Health Engineer prepared, last October, a detailed Review on what has been done and what, in broad terms, remains to be done in Dorset (excluding Poole and Weymouth) on water supply, sewerage and sewage disposal.

The primary object of this Review was to provide basic information and an appreciation of the present position for the Sewage Working Parties set up by the Department of the Environment in July to pave the way for reorganisation. Working Party Eight/6 "Dorset Rivers" includes Bournemouth, Christchurch and the whole of Dorset with the exception of the Bridport borough and rural district, the Beaminster rural district, Sherborne urban district and Sherborne rural district which fall, in the main, within Area Eight/1b - "Parrett". Fringe areas of the Beaminster Rural district fall within Regional Water Area No. 9; Lyme Regis, also, is within this RWA and forms part of Working Party Nine/5 - "Otter". Under the proposed reorganisation machinery, the Working Party Areas will become the Provisional Management Units for sewage under the new structure and similar management units are being set up for water supply and river management. The water supply and river management PMUs are likely to follow, broadly, the areas of existing water boards and river authorities.

Rather than comment on the achievements of 1972 alone in the field of public health engineering, it is felt that it would be more useful to quote from the Review covering the 23 years 1949 - 1972 during which a capital investment of about £11.5 million was made in the provision of sewerage and sewage disposal, in Dorset, with the assistance of grants from the County Council.

Capital expenditure of about the same order was made during this period on water supply and the present position is that only a few comparatively isolated rural localities are without the benefit ofpiped water from public mains.

Table 7 gives particulars of 97 main drainage schemes wholly or partly serving six towns and 144 villages. In consultation with the County Planning Department, allowance was made for future development, but the growth-rate in some cases was greater than expected. The total population catered for in design was in the order of 240,000 and provision could be made for something approaching 70,000 dwellings of which by far the greater proportion have already been connected. It was emphasised in the Review that when work commenced after World War II very few villages in Dorset had a satisfactory sewerage system; where drains did exist, these were often highway or surface water drains discharging into streams or ditches.

In some cases, individual properties were provided with cesspools and septic tanks but it was commonplace for these to pollute both the sub-strata and local water courses. Marked progress was not made in the provision of main drainage until the middle 'sixties' - by which time the problem of water supply had largely been solved.

Prior to 1967, the maximum cost per property qualifying for grant under the Rural Water Supplies and Sewerage Acts was £425; subsequently the Ministry of Housing and Local Government increased this figure to £540. Grants are payable only towards the cost of sewerage,

pumping stations and rising mains - not for sewage treatment or disposal to the sea. It is, therefore, noteworthy that the average cost of sewerage and sewage disposal in Dorset has, relatively speaking, been consistently low and in spite of a steep rise in construction costs it was, until towards the middle of this year, well below the present grant qualification figure of £540. One reason for this is the attention which has been paid to economy in design and much of the credit for this must go to the Engineers of the County District Councils who co-operated fully with the call for maximum economy made by the County Council.

By the end of 1972, it is estimated that 145 of the 257 parishes in the nine Rural Districts in Dorset will be wholly or partly sewered. Taken at their face value, these figures are however somewhat misleading; for example:-

(i) Some parishes have more than one village or hamlet,
(ii) Not all of the villages or hamlets are of such a nature or size as to justify the provision of main drainage on public health grounds or in terms of economics.

Appendix II of the Review listed the village settlements, in Dorset, which were unsewered and for which no firm proposals were known but where the provision of main drainage should, in due course, be considered. Summarising Appendix II, the situation is that there are a total of 115 villages which should be sewered, in the County Public Health Engineer's opinion. Their present population - based on the 1971 Census - is put at 25,402 and the County Planning Officer estimates that the future population of these village settlements might total 26,675. Some of these figures relate to the parish rather than village populations but they are the best which the County Planning Officer could provide in respect of the next ten to twenty years, (when the Review was produced).

Viewed in the context that the total 1971 Census population of Dorset was 364,420, the present estimate that a population of about 25,000 in rural areas of the County were without the facility of main drainage, might put the position in better perspective. In percentage terms the population living in areas which are unsewered but which, probably, should be sewered, worked out at less than seven.

It is not without interest to note that within the "Dorset Rivers" Provisional Management Unit, as at present defined, the population living in areas now unsewered but which, it is felt should be adequately drained is about 21,000. Appendix II of the Review also suggested how unsewered village settlements which would benefit from main drainage might be sewered, including the possibility of linking-up other hamlets or groups of properties, not specifically contained in the Review, where this could be done with reasonable economy. The principles on which drainage suggestions were made were these:-

(a) the aim should be to reduce, to the minimum, the number of new or separate sewage disposal plants to be constructed in the future;
(b) the general approach, therefore, was to link unsewered village settlements to existing sewers and sewage disposal works where it was felt that this could be done at a cost either not in excess, or within a reasonable margin, of the cost of draining to separate works;
(c) the linking-up process, where practicable, would be carried out by gravity sewers but where this was not practicable - and this would be so in many cases - then the proposal would be to install pumping units like the "Mono-Mutrator" with small diameter rising mains to discharge into either an existing sewerage system or sewage disposal works. It would, clearly be a case of carefully balancing the "pros-and-cons" as between the provision of a small separate works, a new combined works or the use of an existing scheme with allowance where necessary, for an extension of the treatment plant.

Several villages included in Appendix II of the Review had already been programmed for main drainage within the five years to 1977 and some are scheduled for the period up to 1981. These, as a general rule, would be the most urgent cases but it should be feasible to sewer as many of the 115 villages which had been listed as are shown, on detailed investigation, to warrant attention, within a period of ten years. Such a time-scale assumes that the principles suggested above were broadly acceptable and that something in the order of fifty schemes would be involved.

Table 7 (Appendix I of the Review) gives an indication of the extent to which existing sewage works are nearing their design capacities or already overloaded. Treatment plants which spring to mind as requiring enlargement are Stalbridge, Marnhull, Sturminster Newton, Hazelbury Bryan, Shillingstone, Gillingham, Upton, Keysworth, Dorchester, Sherborne, Shaftesbury, Thornford and Charmouth. Proposals for each of these towns and villages - as well as a scheme for Lyme Regis - are in hand and it is hoped that contracts for a combined works (oxidation ditch) for Stalbridge and Marnhull will commence in 1973. A start will be made also, on extensions for Lytchett Minster (including Upton), Keysworth, Shaftesbury, Gillingham and Charmouth. The situation is becoming critical at Blandford Forum and the correct solution here, it is believed, is to discharge sewage from the town into the outfall sewer to be constructed, shortly, by the Blandford Rural District Council as part of the Stour Valley main drainage scheme based on a new Mammoth Rotor Surface Aeration Plant at Charlton Marshall. The outfall sewer has been designed with this in mind and negotiations between the Blandford Rural District Council and the Blandford Forum Corporation are understood to be under way.

The Review pointed out that under the County Council's Grant Regulations, samples of sewage effluent were taken at quarterly intervals from all grant-aided schemes, from the time they were first operated. As an indication of the way in which these works were maintained, the Review drew attention to the fact that between 1 April 1970 and 30 September 1972, some 422 samples of sewage effluent were taken by the County Council of which 358 (86 per cent) complied with the Royal Commission's "20/30" Standard.

Without detailed local investigations and the preparation of outline schemes, the County Public Health Engineer believes it would be quite impossible to prepare realistic estimates of the cost of sewering the 115 village settlements which had been listed. In the light of current construction costs, it would be wrong to assume that the cost per property would be less than £600. On this premise, assuming an occupancy ratio of 3 persons per house - which the County Planning Officer agrees is the average for the rural areas of Dorset - then the overall cost might well be at least £5 million.

Viewed overall, the progress made in the provision of water supply and main drainage in Dorset might, perhaps, be said to be reasonably satisfactory. Even so, a great deal remains to be done and the hard fact is that as long as population increases and development continues, the need for public health engineering works and augmentation schemes will be perpetual.

Schemes Submitted, Commenced and/or Completed during 1972

Authority	Scheme	Approximate Capital Cost of Scheme Submitted £	Commenced £	Completed £
	Water Supplies			
Dorset Water Board	Chilfrome	6,655	6,655	
	Northern Area (Ansty to Stoke Wake)			20,000
	Plush	12,850	12,850	
	Tabbits Hill, Woolgaston	7,450		
	Waterloo Road/ Broadmoor Road, Corfe Mullen	3,960		
Wessex Water Board	3" main-Batcombe		3,880	3,880
	4" main-Stavordale Cottage Stockwood			1,365
	Sewerage and Sewage Disposal			
Beaminster Rural District	Netherbury			52,480
	Stoke Abbott		27,000	27,000
Blandford Rural District	Stour Valley	1,128,590		
Bridport Rural District	Askers Valley			120,000
	Symondsbury	91,000	91,000	
Dorchester Rural District	Broadmayne/West Knighton		117,000	
	Toller Porcorum		66,000	
Shaftesbury Rural District	Bourton			214,919
Sherborne Rural District	Oborne and Poyntington	137,000		
Wareham Rural District	Arne (Stoborough and Ridge)	105,000	105,000	
	Lytchett Matravers (Bloxworth)			25,700
	Worth Matravers		96,400	
Wimborne Rural District	Alderholt			150,000

THE PREVENTION OF RIVER POLLUTION

For some years now it has been possible to speak almost in glowing terms of the progress made by the Avon and Dorset River Authority in conjunction with the Local Authorities and the County Council to clean up Dorset's rivers. Thus it came rather as a shock to read in Vol. 1 of the Report on the River Pollution Survey 1970 that the Brit was classified as "grossly polluted" (Class 4) and that the Bride and the Lydden were regarded as Class 2 (rivers of doubtful quality and needing improvement). The reason for the unsatisfactory reports on the Brit, Bride and Lydden were given last year. Thus, it was a matter of satisfaction that before the publication of Vol. II of the Report on the River Pollution Survey 1970, last December, the Fisheries and Pollution Inspector of the Avon and Dorset River Authority had written confirming that the connection of all but a few isolated properties at Beaminster to the Bridport Joint Sewerage Scheme and the completion of the Asker Valley Main Drainage Scheme had brought the Brit up to Class I (clean).

It was also confirmed that the Lydden was not causing trouble and as far as the Bride was concerned, it was known that proposals were under active consideration for improving the situation at Burton Bradstock where most of the pollution was occurring. This arose from deficiencies in the sewerage system and at the sewage disposal works. It is hoped that, if the Bridport Joint Sewerage Committee concur, a scheme will be prepared and possibly put in hand in 1973 to pump sewage from Burton Bradstock to the headworks pumping station of the submarine pipeline at West Bay.

The Fisheries and Pollution Inspector agreed that the statement in the Annual Report for 1961 was correct insofar as the River Char was concerned. Mr Brayshaw acknowledged that there had been a deterioration in the quality of this river but this would be overcome with the completion of the new Contact Stabilisation Sewage Treatment Plant for Charmouth in, it was hoped, 1973. The need for this scheme had been brought about by the popularity of the sizeable caravan camps at Charmouth which discharge either effluent or sewage into the main drainage system.

Vol. II of the Report of the River Pollution Survey 1970 shows, very clearly, the generally satisfactory position within the Avon and Dorset River Authority area. Summarising the situation in river authority districts throughout the country, the Report states:-

> "A study of all the information suggests that the River Authorities can be grouped according to the extent and seriousness of pollution in the area. The groups are not intended to be precise and the dividing lines are not clear-cut but it was not too difficult to decide the group into which each Authority should be placed. The summary which follows deals with the Authorities in each group together, so that a better appreciation can be obtained of the areas where there are similar problems, whether the problems be great or small."

The Report lists four groups - A to D - and Avon and Dorset come within Group A - the top class - along with only seven other River Authorities in England and Wales. Commenting on the Authorities in Group A the Report has this to say about the Avon and Dorset River Authority:-

> "Nearly 96 per cent of the river miles are already Class I and serious pollution occurs in only two small areas. A high proportion of sewage effluent is discharged to a satisfactory standard and there are no discharges of crude sewage. There are some problems with storm overflows but a number of schemes are in hand to improve this situation. Most of the industrial effluent is water used for driving turbo-generators and 98 per cent of it is satisfactory.

The expenditure envisaged is relatively low and the average cost per head will also be fairly low. Most of the expenditure will be associated with sewage effluent discharges, and it is expected that almost all of the river mileage will be brought to Class I.

Some of the rivers in the area are of special significance because of discharges of effluent at points up-stream of public water supply intakes, the Avon and Stour being prominent examples."

In appreciating these comments, it will be necessary to bear in mind that the Avon and Dorset River Authority area extends over most of Dorset, the southern half of Wiltshire and small parts of Hampshire and Somerset.

The Avon and Dorset River Authority are to be congratulated on this commendable situation; a tribute is paid, also, to the Fisheries and Pollution Inspector (Mr J D Brayshaw) and his staff, not only for the part they have played in achieving this position but also for the expert advice they have so freely given to the County Health Department.

THE DISPOSAL OF SEWAGE INTO THE SEA

Periodically, surveys are conducted by divers expert in this field to determine the state of the three-quarter mile long submarine pipeline at West Bay which was laid in 1968. One such investigation was made in June 1972 when the pipeline was found to be safe and except for very minor matters in a good structural condition. The defects which were noted related simply to small portions of the concrete casing and to the displacement of sandbags at the outfall end of the pipeline. Remedial works were authorised by the Bridport Joint Sewerage Committee, where necessary.

Some concern had been felt for the safety of the pipeline because of the severity of storms during the winter and early part of the year: but the fact is that the effects of storms are much less evident on the seabed than on the surface of the sea, the foreshore and inland. Particular care was taken in the design and construction of the outfall to ensure, as far as practicable, that that part of it which passed through the "surf-zone" was buried for the greater part of its length to a minimum depth of three feet. Although much of the outfall beyond the seaward end of the surf zone was only partially buried, as the result of accretion since the pipeline was laid, very little of it is now exposed - sand and seabed gravel having formed a natural, protective cover.

During the year, the Water Pollution Research Laboratory concluded their detailed investigations to determine the effect of discharging sewage into West Bay; as reported last year, studies into factors such as initial dilution and the mortality rate of bacteria had been carried out and the results, as far as they could be interpreted, were highly satisfactory. A confusing issue, however, was the entry of fresh water into West Bay from the Rivers Brit, Eype and Bride. These rivers were known to be polluted by sewage effluent from inland sewage disposal works, by agricultural wastes and by surface water drainage with the result that the coliform counts were high. Indeed, it appeared that with sewage being discharged from the design outlet ie from the diffuser at the extremity of the pipeline, or from the experimental direct outlet port at about 680 metres from the shore - the coliforms from the rivers probably made a much larger contribution to the count at the foreshore than the discharge of sewage from the outfall. In fact, there was good reason to suggest that the pollution from the rivers was greater than from the outfall even with the second experimental-430-metre-discharge point in use. It is ironic that these fresh water discharges should have this effect - a situation which brings home very forcibly the fallacy of the suggestion that it is safer to treat sewage inland and discharge the

effluent into rivers than to discharge it to sea by means of properly designed submarine pipelines.

As mentioned in the foreword of the Annual Report for 1971, long-term ecological studies need to be carried out to make quite sure that the discharge of sewage, even some distance from the shore, has no adverse effect on the ecology of the sea. Judged simply on public health implications, the comparatively poor dilution when sewage effluent is discharged into fairly small rivers, may cause risks to public health greater than if sewage were discharged to the sea. Sewage treatment at an inland plant does not usually involve, sterilisation of the effluent. Thus the bacterial count might still be quite large and there are risks of pathogens being present. Yet the recognised dilution factor where sewage effluent is discharged into a river is in the order of 8 to 1 compared with an initial dilution factor in the sea of anything up to 100 to 1 immediately above the point of discharge.

Milk Supply

Details of sampling undertaken during the year by the two sampling officers of the county health department are given in the table on page 54.

It will be seen that samples have been taken not only from distributors of milk but from supplies delivered to maintained schools, school kitchens and county homes. This means that a fairly comprehensive check has been maintained throughout the year of the milk supplied for human consumption in Dorset.

Bottled pasteurised milk is available in all parts of the county apart from a few remote rural areas and this grade accounts for most of the milk purchased for consumption.

During the year one producer/retailer ceased pasteurising milk so that at 31 December there were six licensed pasteurising dairies in the county. These and two in the adjoining county borough of Bournemouth supply the requirements for pasteurised milk in Dorset.

Under the direction of the county public health officer the sampling officers have maintained a frequent and regular sampling routine at the licensed pasteurising dairies in the county administrative area and in addition, inspections of the heat treatment plant and ancillary equipment have been made. As Weymouth is a Food and Drugs authority, inspection and supervision of the pasteurising plant in the borough is undertaken by the borough public health inspectors.

In general it has been found that a satisfactory standard has been maintained at these dairies.

Thirteen of the 21 unsatisfactory samples taken at pasteurising dairies were of milk processed at one establishment. This necessitated a very full investigation which established the probable cause for the milk failing the methylene blue test and when the recommended measures had been taken, by the dairy management, further samples proved to be satisfactory.

None of the 1,094 specimens of pasteurised milk obtained at licensed processing dairies failed the test for efficient heat treatment.

With regard to the sale of untreated milk there were at 31 December, 40 producers licensed by the Minister of Agriculture, Fisheries and Food to sell by retail milk of their production under the designation 'untreated'. The herds of 21 of these producers are on the Ministry's 'accredited' list under the Brucellosis (Accredited Herds) Scheme.

It will be seen from the table that 184 samples of untreated milk were obtained from producer/retailers of which 15 (8.2%) failed the prescribed methylene blue test. There is not a great demand for the other two designated milks, Sterilised and Ultra Heat Treated, although sales do increase during the summer months with the influx of holiday makers at caravan and camping sites. There are no processing dairies in the county for sterilised and ultra heat treated milk, supplies being obtained from licensed establishments elsewhere. Sixty three samples of ultra heat treated milk and seven of sterilised milk were obtained during the year and all satisfactorily complied with the prescribed test.

MILK SAMPLING 1971

Sampling Point	Designation	No. of Samples	Phosphatase Test		Methylene Blue Test	
			Pass	Fail	Pass	Fail
Licensed Pasteurising Establishments	Pasteurised	1,118	1,115	4	977 (128 void)	13
Maintained Schools	Pasteurised	472	472	-	410 (57 void)	5
	Untreated	19	-	-	18	1
School Canteens	Pasteurised	311	311	-	263 (40 void)	8
	Untreated	2	-	-	2	-
Homes and Hospitals	Pasteurised	103	103	-	92 (10 void)	1
	Untreated	27	-	-	24	3
Retailers	Pasteurised	305	303	2	268 (28 void)	9
	Untreated	30	-	-	29	1
Shops	Pasteurised	629*	628	1	535 (74 void)	20
	Untreated	8	-	-	5	3
Producer/ Retailers	Untreated	155	-	-	142	13

MILK SAMPLING 1972

Designation	No. of Samples	Phosphatase Test		Methylene Blue Test	
		Pass	Fail	Pass	Fail
Pasteurised	1,094	1,094	-	974 (99 void)	21
Pasteurised	439	438	1	427 (4 void)	8
Untreated	16	-	-	16	-
Pasteurised	347	347	-	327 (6 void)	14
Untreated	3	-	-	2	1
Pasteurised	115	115	-	94 (18 void)	3
Untreated	25	-	-	21	4
Pasteurised	243	243	-	222 (14 void)	7
Untreated	40	-	-	38	2
Pasteurised	582	582	1	490 (82 void)	10
Untreated	12	-	-	10	2
Untreated	184	-	-	169	15

* In addition 57 samples of ultra heat treated milk and 5 samples of sterilised milk were obtained. All were satisfactory.
In addition 63 samples of ultra heat treated milk and 7 samples of sterilised milk were obtained. All were satisfactory.

Food and Drugs Act 1955

Seven producers have been granted Consents to sell undesignated milk to nearby householders who, owing to their comparatively remote position in the county, would otherwise be unable to obtain supplies of fresh milk. The herds of four of these producers are on the Accredited list under the Brucellosis (Accredited Herds) Scheme.

Section 31, Food and Drugs Act 1955

Although the risk of tubercle infected milk being sold for human consumption is now very small, a check is maintained on retail sales of untreated milk.

During the year 46 samples of untreated milk were submitted for biological examination at the public health laboratory and all were negative for the tubercle bacillus.

I am indebted to the Divisional Veterinary Officer of the Ministry of Agriculture, Fisheries and Food for the following information in relation to tuberculosis in cattle in the County:-

The number of animals tested in 1972 was 112,656 involving 1,567 herds, and the number of reactors was 41. Only four of the reactors showed tubercular lesions at post mortem and they involved two herds. The percentage of reactors was 0.036 compared with 0.139 in 1971 and 0.162 in 1970. This is a very satisfactory trend.

The Milk (Special Designation) Regulations 1963 as amended

One dealer's (pasteuriser's) licence, one dealer's (untreated) licence and 36 dealer's (pre-packed milk) licences were cancelled during the year and 86 dealer's (pre-packed milk) licences were issued so that at 31 December the position regarding licences in force was as follows:-

Dealer's (Pasteuriser's)	5
Dealer's (Untreated)	10
Dealer's (Pre-packed)	464
	479*

* Excludes licences issued by Poole and Weymouth Borough Councils.

Brucellosis

Information concerning one human case of brucellosis was received by the county health department during the year, the patient being a dairy farmer.

Regular sampling of all untreated milk sold by retail for human consumption is undertaken and during the year a total of 646 specimens were submitted to the public health laboratory for examination by the Ring test. Twenty-seven which gave a positive reaction were subsequently cultured and five proved positive for the brucella abortus organism. Two herds were involved and the necessary administrative action was taken.

In addition to milk samples, 18 specimens of untreated cream were obtained for examination and all proved negative.

From information kindly supplied by the Divisional Veterinary Officer it would seem that satisfactory progress was made during the year in regard to the Accreditation of Herds under the Brucellosis (Accredited Herds) Scheme.

No. of applications to enter scheme	322	
No. of applications accepted	322	
No. of withdrawals	70	
Total No. of herds accredited as at 31/12/72	507	(186 at 31/12/71)
No. remaining in the scheme	270	
No. of dairy herds in the county as at 31/12/72	1,891	
No. of mixed and beef herds	634	

Public Health Laboratory Service

I must again record my appreciation of the very willing and valuable co-operation of Dr G H Tee (The Director) and his staff at the public health laboratory, Dorchester, in the examination of the very many specimens which have been submitted during the year.

MEAT AND OTHER FOODS

Meat Inspection

One slaughterhouse in the Sturminster rural area closed in the early months of the year so that at 31 December there were sixteen licensed slaughterhouses in the county including three attached to bacon/food factories. Details in connection with the meat inspection service undertaken by the district councils are given in the following table.

Sale of Ice Cream

The public health inspectors of eleven district councils submitted a total of 332 samples of ice cream for examination at the public health laboratory Dorchester and 84.6% were of a satisfactory grade.

Most of the ice cream sold in the county is produced outside the county by manufacturers having a national distribution. There are only a few local producers and their premises and production methods are regularly inspected by the local public health inspectors.

									MEAT INSPECTION ALL DISEASES EXCEPT TB AND CYSTICERCI												TB ONLY											
		Number killed and carcases inspected							Whole carcases condemned						Partsof carcases or organs condemned						Whole carcases condemned						Parts of carcases or organs condemned					
County District	Number of Slaughterhouses	Cattle (ex cows)	Cows	Calves	Sheep and Lambs	Pigs	Goats		Cattle (ex cows)	Cows	Calves	Sheep and Lambs	Pigs	Goats	Cattle (ex cows)	Cows	Calves	Sheep and Lambs	Pigs	Goats	Goats	Cattle (ex cows)	Cows	Calves	Sheep and Lambs	Pigs	Goats	Cattle (ex cows)	Cows	Calves	Sheep and Lambs	Pigs	Goats
Beaminster Rural	1	49	-	3	229	276	-		-	-	-	-	-	-	12	-	-	11	90		-	-	-	-	-	-	-	-	-	-	23	-
Bridport Rural	1	1081	523	559	16764	8498	-		-	34	21	48	93	-	270	259	79	1422	1590		-	-	-	-	-	-	-	-	3	-	-	-
Dorchester Borough	2	1077	702	8084	4421	5621	-		2	5	27	11	43	-	212	387	1055	727	2241		-	-	-	-	-	-	-	-	-	-	1	10	-
Dorchester Rural	1	715	775	43	1588	7337	-		-	4	6	5	18	-	65	298	5	45	1014		-	-	-	-	-	1	-	-	-	-	-	17	-
Poole Borough	1	-	-	-	-	33512	-		-	-	-	-	46	-	-	-	-	-	4683		-	-	-	-	-	1	-	-	-	-	-	367	-
Shaftesbury Rural	3	188	262	3100	1542	139750	-		1	16	97	13	508	-	21	47	57	75	15724		-	-	-	-	-	-	-	-	-	-	-	1747	-
Sherborne Urban	2	325		6	1036	623	-		-	-	2	-	1	-		32	-	34	182		-	-	-	-	-	-	-	-	-	-	-	-	-
Sherborne Rural	1	109	-	1	163	302	-		-	-	-	2	-	-	20	-	-	3	46		-	-	-	-	-	-	-	-	-	-	-	-	-
Sturminster Rural	2*	352	4944	1033	9146	749	127		18	306	173	234	86	-	27	2250	45	3488	86		2	-	-	-	-	-	-	-	-	-	-	2	-
Wareham and Purbeck Rural	1	509	2	112	903	6473	-		-	-	5	8	110	-	58	1	2	92	3483		-	-	-	-	-	-	-	-	-	-	-	8	-
Wimborne and Cranborne Rural	2	15220	6888	797	797	39862	-		7	25	8	124	429	-	5722	5573	15	4630	5429		-	-	-	-	-	-	-	3	-	-	-	256	-

* Slaughterhouse closed in the early months of the year

FOOD AND DRUGS

Adulteration and Compositional Quality

The following particulars relate to samples taken by the Weights and Measures Inspectors:-

FOOD AND DRUGS ACT 1955

Period 1 January to 31 December 1972

Name of Sample	Correct	Incorrect	Total	Samples submitted to Public Analyst	Samples examined in Department's Laboratory
Milk	224	2	226	2	224
Cream	36	1	37	1	36
Ice Cream	7	-	7	2	5
Potable Spirits	20	-	20	-	20
Other Foods	91	44	135	135	-
Drugs	2	1	3	3	-
	380	48	428	143	285

Appropriate action was taken by the Chief Inspector of Weights and Measures on all samples adversely reported on by the Public Analyst.

FOOD HYGIENE

The public health inspectors to the county districts pay particular regard to this most important subject with a view to ensuring the highest possible standard of hygiene in food handling. Not only do they make regular and frequent visits to food premises but in many cases they arrange and conduct courses for food handlers and give talks on food hygiene to various organisations and these have been much appreciated.

The achievement and maintenance of high standards of food hygiene is not an easy matter in all cases. It calls for a great deal of advisory work and is time consuming but in the interests of public health this work is of the utmost importance and the public health inspectors in Dorset are to be congratulated for the time and energy they devote to all matters of food hygiene.

With regard to school kitchens and other county council establishments the county public health officer has made visits of inspection and in general it can be said that a very satisfactory standard of hygiene has been maintained.

CLEAN AIR

There were no serious air pollution problems in the county during the year. Dorset is a predominantly agricultural area and most industry is concentrated in and around Poole where there are large engineering works, chemical manufacturers, food processors, pottery and pipe manufacturers, a power station and many smaller and varied industries. Few of these use solid fuel but nevertheless the public health inspectors maintain a close watch on atmospheric pollution and have dealt promptly and successfully with any local incident.

National Air Pollution survey stations are sited at four centres in the county and the readings obtained from these during the year indicate that there was no serious pollution arising from smoke and sulphur dioxide.

CARAVANS AND TENTS

In my report for 1971 I drew attention to the need for more sites for touring caravans and campers, particularly in the Dorchester rural district where seasonal caravaning and camping is very popular around the Weymouth area.

Some improvement in the position occurred in 1972 when additional sites became available for touring caravans and campers in this rural district and it is expected that further pitches will become available in 1973. Whilst no new sites were licensed in the Bridport rural district, permissions were obtained at a few established sites for an increase in pitches to accommodate touring caravans.

This increase in the availability of sites for touring caravans is welcome and although it will by no means meet the demand, which increases each year, it is a step in the right direction and will help to reduce the overcrowding which has tended to occur on sites during the peak holiday season and also lessen the amount of unauthorised camping which causes problems for the public health inspectors.

HOUSING

The position regarding housing in the rural districts of Dorset during 1972 is given in tables 8 to 11.

TABLE 1

VITAL STATISTICS

Area: 625,460 acres	1967	1968	1969	1970	1971	1972
Population:-						
Urban Districts	205,330	208,570	211,970	216,980	218,740	223,520
Rural Districts	132,580	134,670	136,870	140,390	145,680	149,540
Whole County	337,910	343,240	348,840	357,370	364,420	373,060
Rateable Value	£14,043,658	£14,736,475	£15,445,455	£16,064,141	£16,725,197	£17,336,831
Estimated Product of a Penny Rate	£56,576	£59,781	£68,151	£65,566	£161,350*	£169,940
Births:-						
Stillbirths	94	70	57	61	78	65
Live Births	5,081	5,141	5,110	5,048	5,035	4,950
Legitimate	4,691	4,731	4,736	4,679	4,679	4,640
Illegitimate	390	410	374	369	356	310
Total live and stillbirths	5,175	5,211	5,167	5,109	5,113	5,015
Live Birth Rate (per 1,000 population) (adjusted)	17.1	17.1	16.8	16.1	15.7	14.9
Stillbirth Rate (per 1,000 total live and stillbirths)	18	13.4	11	12	15	13
Live Birth Rate (England and Wales)	17.2	16.9	16.3	16	16	14.8
Deaths:-						
Total Deaths (all ages)	4,149	4,553	4,495	4,624	4,771	4,888
Death Rate (per 1,000 population) (adjusted)	10.2	11	10.7	10.7	10.9	10.3
Death Rate (England and Wales)	11.2	11.9	11.9	11.7	11.6	12.1
Infant Mortality:-						
Deaths under 1 year of age	85	78	90	67	97	88
Legitimate	76	69	79	60	83	81
Illegitimate	9	9	11	7	14	7
Mortality Rate (legitimate infant deaths per 1,000 legitimate live births)	16.2	14.6	17	13	18	17
Mortality Rate (illegitimate infant deaths per 1,000 illegitimate live births)	23.1	22	29	19	39	23
Mortality Rate (total infant deaths per 1,000 total live births)	16.7	15	18	13	19	18
Mortality Rate (England and Wales)	18.3	18	18	18	18	17
Maternal Mortality:-						
Maternal Deaths	1	1	NIL	NIL	1	NIL
Maternal Mortality Rate (per 1,000 total live and stillbirths)	0.19	0.19	-	-	0.19	-
Tuberculosis						
Deaths:-						
All forms	11	13	14	9	13	1
Death rate per 1,000 population	0.033	0.038	0.04	0.025	0.036	0.003
Pulmonary	11	8	6	4	11	1
Death rate per 1,000 population	0.033	0.024	0.017	0.011	0.030	0.003
Non-pulmonary	-	5	8	5	2	-
Death rate per 1,000 population	-	0.014	0.023	0.014	0.006	-
Notifications:-						
All forms	59	43	39	44	34	24
Pulmonary	47	30	28	37	23	16
Non-pulmonary	12	13	11	7	11	8
Notification Register as at 31 December:-						
All forms	1,311	1,198	1,138	1,130	1,235	1,167
Pulmonary:-						
Males	622	584	580	582	602	595
Females	505	481	471	454	538	474
Non-pulmonary:-						
Males	86	57	34	33	35	34
Females	98	76	53	61	60	64

* Changed to Decimal Coinage

TABLE 2

NOTIFICATION OF INFECTIOUS AND OTHER NOTIFIABLE DISEASES

	1963	1964	1965	1966	1967	1968	1969	1970	1971	1972
Scarlet Fever	61	57	106	29	37	34	37	41	32	28
Whooping Cough	111	156	79	64	236	106	27	32	91	14
Diphtheria	-	1	2	-	-	-	-	-	-	-
Measles	5,255	1,595	3,652	1,559	4,469	493	698	1,549	1,439	345
Acute Poliomyelitis	-	-	-	-	-	-	-	-	-	-
Acute Encephalitis	3	1	1	5	3	1	11	2	4	1
Dysentery (Amoebic or Baccillary)	148	7	23	38	17	16	61	7	37	11
Ophthalmia Neonatorum	12	-	1	-	2	1	-	-	-	2
Smallpox	-	-	-	-	-	-	-	-	-	-
Paratyphoid Fever	1	1	3	1	-	-	1	-	-	-
Typhoid Fever	2	1	-	-	-	-	1	-	-	-
Food Poisoning (excluding Dysentery, Typhoid and Paratyphoid)	12	7	99	22	44	52	208	87	41	17
Malaria - Believed to be contracted in this country	-	-	-	-	-	-	-	-	-	-
Malaria - Believed to be contracted abroad	1	2	-	-	2	1	1	-	-	3
Malaria - Induced in Institutions	-	-	-	-	-	-	-	-	-	-
Anthrax	-	-	-	-	-	-	-	-	-	-
Infective Jaundice (Not notifiable until 1968)	-	-	-	-	-	25	50	71	68	65
Acute Meningitis (Not notifiable until 1968)	-	-	-	-	-	2	12	3	9	3
Leptospirosis (Not notifiable until 1968)	-	-	-	-	-	1	1	-	-	-
Tetanus (Not notifiable until 1968)	-	-	-	-	-	-	-	1	2	-

TABLE 3 VITAL STATISTICS IN ADMINISTRATIVE AREAS

Cause of Death	Total UD's		Total RD's		Totals whole County 1972	Comparative Totals 1971	Blandford Forum MB		Bridport MB		Dorchester MB		Lyme Regis MB		Portland UD		Shaftesbury MB	
	M	F	M	F			M	F	M	F	M	F	M	F	M	F	M	F
Enteritis and other Diarrhoeal Diseases	-	2	-	1	3	4	-	-	-	-	-	-	-	-	-	-	-	-
Tuberculosis of Respiratory System	-	-	-	-	-	6	-	-	-	-	-	-	-	-	-	-	-	-
Late effects of Respiratory TB	1	-	-	-	1	5	-	-	1	-	-	-	-	-	-	-	-	-
Other Tuberculosis	-	-	-	-	-	2	-	-	-	-	-	-	-	-	-	-	-	-
Meningococcal Infection	2	-	-	-	2	-	-	-	-	-	-	-	-	-	-	-	-	-
Streptococcal Sore Throat, Scarlet Fever	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-
Syphilis and its Sequelae	-	-	-	1	1	2	-	-	-	-	-	-	-	-	-	-	-	-
Other Infective and Parasitic Diseases	2	-	-	4	6	6	-	-	-	-	1	-	-	-	-	-	-	-
Malignant Neoplasm, Buccal Cavity etc	9	3	8	2	22	9	-	-	-	-	1	-	-	-	-	-	-	-
Malignant Neoplasm, Oesophagus	4	7	10	5	26	27	-	-	-	-	-	3	-	-	-	-	1	-
Malignant Neoplasm, Stomach	30	30	21	11	92	92	-	-	2	2	2	3	2	-	3	-	-	-
Malignant Neoplasm, Intestine	41	64	26	30	161	140	1	3	1	2	1	5	3	1	1	-	-	1
Malignant Neoplasm, Larynx	4	-	1	-	5	7	-	-	-	-	1	-	-	-	1	-	-	-
Malignant Neoplasm, Lung, Bronchus	124	33	84	17	258	215	1	1	6	4	3	2	4	-	9	2	2	-
Malignant Neoplasm, Breast	-	63	-	30	93	103	-	-	-	1	-	4	-	2	-	3	-	-
Malignant Neoplasm, Uterus	-	30	-	15	45	34	-	-	-	-	-	4	-	-	-	-	-	2
Malignant Neoplasm, Prostate	29	-	23	-	52	40	-	-	3	-	-	-	1	-	-	-	-	-
Leukaemia	8	12	7	3	30	28	-	-	2	-	-	1	-	-	-	1	-	-
Other Malignant Neoplasms	103	91	50	50	294	279	2	1	2	2	3	7	1	1	7	1	-	3
Benign and Unspecified Neoplasms	2	4	2	1	9	7	-	-	-	-	-	1	-	-	-	-	-	-
Diabetes Mellitus	4	10	5	10	29	34	-	-	-	-	-	3	-	-	1	-	1	-
Avitaminoses, etc	-	-	-	2	2	2	-	-	-	-	-	-	-	-	-	-	-	-
Other Endocrine etc Diseases	-	6	3	1	10	11	-	-	-	1	-	-	-	-	-	-	-	-
Anaemias	2	6	-	1	9	8	-	-	1	1	-	-	-	-	-	-	-	-
Other Diseases of Blood, etc	1	-	2	-	3	2	-	-	1	-	-	-	-	-	-	-	-	-
Mental Disorders	1	6	5	11	23	20	-	1	-	-	-	-	-	-	-	-	-	-
Meningitis	3	1	-	-	4	1	1	-	-	-	-	-	-	-	-	-	-	-
Multiple Sclerosis	1	2	-	2	5	9	-	-	-	-	-	-	-	-	-	-	-	-
Other Diseases of Nervous System	10	20	6	12	48	41	-	-	1	-	1	2	-	-	-	-	-	1
Active Rheumatic Fever	1	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-
Chronic Rheumatic Heart Disease	16	16	5	11	48	38	-	1	1	2	2	1	-	-	-	-	-	1
Hypertensive Disease	22	24	20	14	80	77	-	-	1	1	2	2	1	-	-	1	-	-
Ischaemic Heart Disease	444	345	293	212	1,294	1,270	4	11	17	11	21	14	6	9	16	5	12	4
Other Forms of Heart Disease	85	104	42	57	288	262	1	4	4	7	8	9	1	4	3	-	2	1
Cerebrovascular Disease	140	260	111	151	662	710	2	13	2	14	7	23	1	2	5	5	1	1
Other Diseases of Circulatory System	62	90	53	50	255	255	1	5	2	8	3	3	2	1	3	2	1	2
Influenza	5	11	4	6	26	11	-	-	1	2	2	-	-	-	-	-	-	-
Pneumonia	103	116	63	71	353	335	2	-	6	10	9	9	-	-	5	4	1	1
Bronchitis and Emphysema	82	17	52	8	159	164	2	-	4	-	6	4	2	1	1	-	-	-
Asthma	2	2	1	1	6	9	-	-	-	-	-	1	-	-	-	-	-	-
Other Diseases of Respiratory System	7	8	10	8	33	35	1	-	1	-	-	-	-	-	-	-	-	-
Peptic Ulcer	14	15	4	6	39	26	-	-	1	1	1	-	-	-	1	-	-	-
Appendicitis	-	-	1	-	1	2	-	-	-	-	-	-	-	-	-	-	-	-
Intestinal Obstruction and Hernia	8	2	5	5	20	18	-	-	-	-	-	-	-	-	2	-	-	-
Cirrhosis of Liver	3	6	2	3	14	12	-	-	-	-	-	1	-	-	-	-	-	-
Other Diseases of Digestive System	13	18	9	11	51	37	-	-	-	-	-	1	-	1	-	-	-	-
Nephritis and Nephrosis	7	3	4	2	16	9	1	-	1	-	-	1	-	-	-	-	-	-
Hyperplasia of Prostate	8	-	8	-	16	12	-	-	-	-	-	-	-	-	1	-	-	-
Other Diseases, Genito-Urinary System	11	9	5	8	33	28	-	-	1	-	1	1	-	-	1	-	-	-
Diseases of Skin, Subcutaneous Tissue	-	1	-	1	2	5	-	-	-	1	-	-	-	-	-	-	-	-
Diseases of Musculo-Skeletal System	-	11	-	8	19	20	-	-	-	-	-	-	-	-	-	-	-	-
Other Complications of Pregnancy, etc	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-
Congenital Anomalies	5	8	5	5	23	46	-	-	-	-	1	-	-	-	2	1	-	-
Birth Injury, Difficult Labour, etc	9	6	10	2	27	18	-	-	1	-	-	-	-	-	-	-	1	-
Other causes of Perinatal Mortality	6	3	4	5	18	11	-	-	-	-	-	-	-	-	-	1	-	-
Symptons and Ill Defined Conditions	7	15	2	12	36	33	-	-	1	6	-	1	-	-	1	-	-	-
Motor Vehicle Accidents	12	7	12	6	37	52	-	-	1	-	1	2	-	-	5	-	-	-
All other Accidents	19	16	10	11	56	94	-	-	-	3	-	-	2	-	-	-	-	1
Suicide and Self-Inflicted Injuries	6	12	8	3	29	27	-	-	-	-	-	1	-	-	-	-	-	-
All other External Causes	5	6	2	-	13	19	1	-	-	1	-	-	-	-	-	-	-	-
Total All Causes	1,483	1,521	998	886	4,888	4,771	20	40	65	80	77	109	26	22	68	26	22	18
Deaths of Infants under 1 Year																		
Total	33	17	25	13	88	97	2	-	1	-	1	-	-	-	5	3	1	-
Legitimate	30	15	23	13	81	83	2	-	1	-	1	-	-	-	4	2	1	-
Illegitimate	3	2	2	-	7	14	-	-	-	-	-	-	-	-	1	1	-	-
Live Births																		
Total	1,599	1,444	974	933	4,950	5,035	43	27	55	35	86	95	15	15	141	132	28	22
Legitimate	1,473	1,364	926	877	4,640	4,679	38	27	48	34	79	89	15	14	130	127	26	21
Illegitimate	126	80	48	56	310	356	5	-	7	1	7	6	-	1	11	5	2	1
Stillbirths																		
Total	18	22	10	15	65	78	2	1	-	-	-	1	-	-	2	1	-	-
Legitimate	17	19	10	14	60	70	2	-	-	-	-	1	-	-	2	1	-	-
Illegitimate	1	3	-	1	5	8	-	1	-	-	-	-	-	-	-	-	-	-
Estimated 'Home Population 1972	223,520		149,540		373,060		3,680		6,510		13,950		3,390		14,700		4,010	
Estimated 'Home' Population 1971	218,740		145,680			364,420	3,650		6,400		13,720		3,300		13,740		3,960	

Sherborne UD		Swanage UD		Wareham MB		Weymouth and Melcombe Regis MB		Wimborne Minster UD		Poole MB		Beaminster RD		Blandford RD		Bridport RD		Dorchester RD		Shaftesbury RD		Sherborne RD		Sturminster RD		Wareham and Purbeck RD		Wimborne and Cranborne RD	
M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
-	-	-	-	-	-	-	1	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	2	-	1	-	-	-	-	-	1	-	-
-	-	-	-	-	-	3	1	-	-	5	2	-	-	-	-	1	1	2	-	1	-	-	-	1	1	-	-	3	-
-	-	-	-	-	-	-	1	-	-	3	3	1	1	-	-	1	-	1	-	2	-	-	1	1	-	2	-	2	3
-	1	1	3	-	-	4	7	2	-	14	14	2	1	-	1	-	-	4	3	3	1	-	1	2	1	6	-	4	3
-	1	1	3	1	1	9	13	3	5	20	29	-	4	3	1	3	3	2	5	-	2	-	1	2	4	4	2	12	8
-	-	1	-	-	-	-	-	-	-	1	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-
2	-	4	-	4	-	24	8	3	-	62	16	3	-	8	1	6	1	11	3	4	3	3	1	4	1	13	2	32	5
-	1	-	1	-	2	-	9	-	2	-	38	-	2	-	2	-	-	-	10	-	2	-	2	-	2	-	1	-	9
-	-	-	2	-	-	-	5	-	2	-	15	-	-	-	3	-	2	-	1	-	1			-	3	-	3	-	2
1	-	5	-	1	-	7	-	-	-	11	-	3	-	-	-	-	-	-	-	3	-	1	-	2	-	6	-	8	-
-	2	-	-	-	-	2	1	-	2	4	5	-	-	-	-	1	1	1	-	2	-	-	-	-	-	1	2	2	-
3	4	3	4	3	1	27	19	1	3	51	45	2	2	-	2	2	8	8	6	6	8	1	-	7	4	8	7	16	13
-	-	1	1	-	-	-	1	-	-	1	1	-	1	-	-	2	-	-	-	-	-	-	-	-	-	-	-	-	-
-	1	-	1	-	-	-	4	-	-	2	1	-	-	-	1	-	-	3	2	1	-	-	-	1	2	-	2	-	3
-	-	1	1	-	-	-	1	-	-	1	1	-	1	-	-	2	-	-	-	-	-	-	-	-	-	-	-	-	-
-	1	-	1	-	-	-	4	-	-	2	1	-	-	-	1	-	-	3	2	1	-	-	-	1	2	-	2	-	3
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	1	-	-
-	1	-	-	-	-	-	2	-	-	-	2	-	-	-	-	-	-	-	-	-	-	1	-	-	-	1	-	1	1
-	1	-	1	-	-	1	-	-	-	-	3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-
-	1	-	1	-	-	-	2	-	-	1	1	-	-	-	-	-	1	3	8	-	-	1	-	1	-	-	1	-	1
-	1	-	-	-	-	-	-	-	-	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	1	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2
1	1	1	1	-	2	4	2	-	1	2	10	-	4	-	-	-	1	2	2	-	2	-	1	-	-	1	-	3	2
-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1	2	1	2	-	1	5	3	1	1	5	2	-	1	-	-	-	-	-	3	2	2	-	1	1	-	1	-	1	4
1	1	-	-	1	-	1	3	-	1	15	15	1	-	1	2	1	-	2	1	4	3	1	-	4	1	-	3	6	4
13	11	20	14	8	6	104	71	11	14	212	175	14	9	28	20	25	16	37	41	22	9	9	5	25	29	34	20	99	63
1	1	5	10	4	3	16	16	2	1	38	48	5	6	5	4	6	2	6	9	4	5	-	2	3	6	5	9	8	14
7	17	5	10	2	4	34	61	3	8	71	102	5	19	16	11	10	16	14	23	8	12	3	5	9	12	15	14	31	39
2	1	2	3	1	4	11	13	1	3	33	45	2	2	1	1	4	3	4	6	9	6	1	1	8	7	7	11	17	13
-	-	1	-	-	-	-	3	1	4	-	2	2	-	-	-	-	-	1	4	-	1	-	-	-	-	1	1	-	-
4	6	5	5	4	5	21	24	3	4	43	48	2	6	3	3	6	6	17	27	2	3	3	4	4	1	9	10	17	11
2	-	6	2	2	-	13	3	1	2	43	5	6	1	4	2	3	-	11	2	6	-	2	-	3	-	4	2	13	1
-	-	-	1	-	-	1	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	1
1	1	-	-	1	1	-	1	-	2	3	3	-	-	-	1	-	1	2	-	3	3	1	-	1	-	1	-	2	3
-	-	1	-	-	-	5	3	-	-	5	11	-	-	-	-	1	1	1	1	-	-	-	1	-	-	1	1	1	2
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-
-	-	1	-	-	-	1	1	1	-	3	1	-	2	-	-	1	1	1	2	2	-	-	-	-	-	1	-	-	-
-	-	1	1	-	1	1	1	-	-	1	2	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	1	2	1
-	1	-	2	-	1	4	4	-	-	9	8	-	1	1	2	-	-	3	3	-	3	1	-	1	1	2	1	1	-
-	-	-	-	-	-	-	1	-	-	5	1	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	2	2
-	-	-	-	-	-	1	-	-	-	6	-	-	-	-	-	1	-	3	-	2	-	-	-	-	-	1	-	1	-
-	-	-	-	-	-	3	2	-	-	5	6	-	-	-	3	-	1	1	-	1	1	1	-	-	1	1	1	1	1
-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	2	-	-	-	1	-	3	-	-	-	5	-	-	-	-	-	1	-	1	-	1	-	-	-	1	-	1	-	3
-	-	-	-	-	1	-	1	-	-	2	5	-	-	1	-	-	2	-	1	-	-	-	-	1	-	1	-	2	2
-	1	-	-	1	-	1	1	-	1	5	3	-	-	1	-	-	-	1	1	2	-	-	-	-	1	3	-	3	-
-	-	-	-	-	-	1	1	1	-	4	1	-	-	-	-	2	3	-	-	-	-	-	-	1	-	-	1	1	1
-	2	-	1	-	1	1	2	-	-	4	2	1	1	-	-	-	3	1	1	-	-	-	-	-	-	-	2	-	5
-	-	-	-	-	-	1	2	-	1	4	2	2	1	1	-	1	-	-	3	2	-	1	1	-	-	3	1	2	-
-	2	-	-	1	-	4	2	1	-	11	8	-	1	-	-	1	1	4	5	-	-	-	1	-	1	2	1	3	1
-	-	1	1	-	-	1	3	-	-	4	7	-	-	-	1	1	-	-	1	1	-	-	-	1	-	-	1	5	-
-	-	1	-	-	-	-	1	-	-	3	4	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	1	-
39	63	67	71	35	36	312	302	35	57	717	697	52	66	75	63	80	75	148	178	92	69	30	28	84	80	135	104	302	223
-	1	-	-	1	1	2	2	2	1	18	9	-	-	2	-	4	4	3	2	2	1	1	-	3	1	4	2	6	3
-	1	-	-	1	1	2	2	2	1	16	8	-	-	-	-	4	4	3	2	2	1	1	-	3	1	4	2	6	3
-	-	-	-	-	-	-	-	-	-	2	1	-	-	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
56	49	50	47	43	42	271	221	43	38	768	721	38	47	99	105	51	50	121	111	54	69	59	56	95	79	162	165	295	251
53	47	42	43	41	42	249	210	42	36	710	674	35	46	92	96	44	43	116	107	50	66	58	50	93	76	155	150	283	243
3	2	8	4	2	-	22	11	1	2	58	47	3	1	7	9	7	7	5	4	4	3	1	6	2	3	7	15	12	8
-	-	1	-	1	-	5	4	-	1	7	14	1	-	1	2	-	1	2	3	1	-	1	1	1	1	2	3	1	4
-	-	1	-	1	-	4	4	-	1	7	12	1	-	1	2	-	1	2	3	1	-	1	1	1	1	2	2	1	4
-	-	-	-	-	-	1	-	-	-	-	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-
8,960		7,660		4,580		41,410		5,310		109,360		8,300		14,720		8,890		19,040		10,900		7,120		11,470		25,070		44,030	
8,730		7,700		4,440		41,420		5,070		106,610		8,260		14,050		8,640		18,860		10,830		7,080		11,140		24,680		42,140	

TABLE 4

ATTENDANCE AT WELFARE CENTRES 1972

Centre	Number of Openings	New Cases Born in 1972	1971	1967-70	Total	Total Attendance including new cases	Average Attendance per Session
Beaminster	24	23	29	42	94	334	13.9
Blandford	24	84	48	33	165	617	25.7
Blandford Camp	48	93	164	109	366	1,695	35.3
Bovington Camp	23	68	32	32	132	688	29.9
Bradford Abbas	12	16	10	27	53	210	17.5
Bridport	8	21	46	3	70	70	8.8
Broadmayne	12	16	18	25	59	147	12.3
Carey	24	33	58	44	135	458	19.1
Charminster	12	12	3	6	21	140	11.7
Colehill	28	42	70	55	167	729	26.0
Corfe Mullen	24	41	34	49	124	629	26.2
Crossways	12	12	23	28	63	129	10.8
Dorchester	52	187	124	76	387	1,748	33.6
Ferndown	39	185	165	122	473	2,041	52.3
Gillingham	23	63	44	114	221	696	30.3
Handley	11	15	17	18	50	145	13.2
Lulworth Camp	12	34	30	17	81	197	16.4
Lytchett Matravers	12	28	18	33	79	241	20.1
Sandford	12	23	30	42	95	323	26.9
Shaftesbury	24	49	36	35	120	420	17.5
Sherborne	12	27	21	23	71	224	18.7
Stalbridge	5	21	13	4	38	66	13.2
Sturminster Newton	23	33	30	38	101	432	18.8
Swanage	52	96	53	91	240	1,488	28.6
Thorncombe	11	10	17	9	36	189	17.2
Thornford	3	2	11	15	28	51	17.0
Upton	12	52	61	71	184	445	37.1
Verwood	24	53	42	66	161	688	28.7
Wareham	24	55	45	85	185	652	27.2
West Moors	23	47	49	26	122	580	25.2
Wimborne	22	39	32	50	121	425	19.3
Wool	12	44	15	26	85	259	21.6
Yetminster	9	24	1	4	29	156	17.3
Poole							
Alder Road	37	83	67	71	221	1,278	34.5
Branksome	73	103	197	142	442	2,054	28.1
Broadstone	51	51	55	103	209	757	14.8
Canford Magna	25	41	35	71	147	513	20.5
Central	100	131	186	155	472	2,332	23.3
Hamworthy	51	48	35	91	174	631	12.4
Herbert Avenue	52	46	61	75	182	1,051	20.2
Hillbourne	49	79	108	170	357	1,510	30.8
Newtown	52	76	64	120	260	1,681	32.3
Oakdale	51	70	92	43	205	1,047	20.5
Old Town	51	25	31	91	147	715	14.0
Wallisdown	50	43	55	65	163	1,172	23.4
South Dorset							
Broadwey	22	26	25	28	79	339	15.4
Chickerell	24	26	36	29	91	486	20.3
Lanehouse	24	24	22	36	82	336	14.0
Littlemoor	24	12	29	25	66	383	16.0
Portland Tophill	51	99	95	78	272	1,892	37.1
Portland Underhill	51	72	77	67	216	1,745	34.2
Portland - Weston	23	76	79	69	224	1,157	50.3
Preston	23	35	48	46	129	635	27.6
Southill	24	20	27	46	93	489	20.4
Spa	28	49	61	55	165	710	25.4
Weymouth	103	200	191	137	528	4,026	39.1
Wyke Regis	51	89	196	75	270	1,875	36.8
Totals	1,758	3,072	3,172	3,306	9,550	46,126	

TABLE 5

AMBULANCE SERVICE STATISTICS - YEAR ENDING 31 DECEMBER 1972

		Item	Blandford	Bridport	Dorchester	Ferndown	Gillingham	Lyme Regis	Poole	Shaftesbury	Sherborne	Sturminster Newton	Swanage	Wareham	Weymouth	Wimborne	Total
			STATION														
Patients Carried	Emergency	Maternity	97	33	63	27	18	20	201	4	23	22	20	63	171	41	803
		Road Accidents	140	89	215	118	45	34	405	56	64	68	79	180	236	225	1,954
		Other Accidents	164	19	129	-	27	21	1,367	18	50	27	114	12	281	2	2,231
		Other Emergencies	264	316	434	231	71	17	1,946	5	173	35	90	223	1,282	375	5,462
		Total Emergencies	665	457	841	376	161	92	3,919	83	310	152	303	478	1,970	643	10,450
	Routine	Hospital Admissions	279	260	398	535	117	203	472	299	190	315	373	479	803	748	5,471
		Hospital Discharges	325	199	457	210	18	29	1,055	64	233	190	175	298	731	448	4,432
		Inter-Hospital Transfers	171	146	479	272	41	106	452	123	116	135	132	155	784	193	3,305
		Out-Patient Attendance - Physiotherapy	156	1,097	1,967	148	4	12	4,716	32	421	32	105	579	956	812	11,037
		Out-Patient Attendance - Other	563	1,148	1,875	606	51	186	7,822	124	910	220	445	775	2,085	1,057	17,867
		Day Cases	13	508	376	16	-	3	498	-	16	40	5	7	122	36	1,640
		Corpses	3	6	14	6	1	-	72	7	20	13	2	9	16	15	184
		Other Patients	22	160	470	5	3	12	968	4	471	22	19	30	135	29	2,350
		Total Routine	1,532	3,524	6,036	1,798	235	551	16,055	653	2,377	967	1,256	2,332	5,632	3,338	46,286
		Total Patients	2,197	3,981	6,877	2,174	396	643	19,974	736	2,687	1,119	1,559	2,810	7,602	3,981	56,736
Journeys		Patient Carrying	903	1,314	2,950	736	241	432	5,767	463	934	413	583	895	3,683	1,097	20,411
		Other Journeys	67	341	505	151	14	24	500	17	45	56	16	51	160	60	2,007
		Total Journeys	970	1,655	3,455	887	255	456	6,267	480	979	469	599	946	3,843	1,157	22,418
Mileage		Patient Carrying	54,436	32,394	71,532	33,294	15,876	16,821	109,952	17,684	27,048	34,960	22,108	48,183	57,955	45,208	587,451
		Other Mileage	1,622	1,305	3,946	1,468	290	365	4,802	306	1,215	531	154	1,071	861	533	18,469
		Total Mileage	56,058	33,699	75,478	34,762	16,166	17,186	114,754	17,990	28,263	35,491	22,262	49,254	58,816	45,741	605,920
		Stretcher Cases	1,159	638	1,128	1,062	310	414	4,637	548	718	572	831	1,083	3,748	1,516	18,364
		Walking	377	2,042	3,857	240	72	147	7,766	100	1,427	154	179	1,014	2,346	418	20,139
		Sitting Cases															
		Not Walking	661	1,301	1,892	872	14	82	7,571	88	542	393	549	713	1,508	2,047	18,233
		Patients per Journey	2.43	3.03	2.33	2.95	1.64	1.49	3.46	1.59	2.88	2.71	2.67	3.14	2.06	3.31	2.78
		Miles per Patient	24.77	8.14	10.40	15.31	40.09	26.16	5.50	24.02	10.07	31.25	14.18	17.14	7.62	11.35	10.35

TABLE 6

HOSPITAL CAR SERVICE STATISTICS - YEAR ENDING 31 DECEMBER 1972

	Item	AREA										
		Blandford	Bridport	Dorchester	Gillingham	Poole	Shaftesbury	Sherborne	Wareham	Weymouth	Wimborne	Total
Patients Carried	Hospital Admissions	207	253	153	43	150	97	61	220	251	138	1,573
	Hospital Discharges	164	176	338	10	221	75	48	237	456	124	1,849
	Inter-Hospital Transfers	8	27	50	4	77	5	5	2	95	2	275
	Out-Patient Attendance - Physiotherapy	3,790	3,225	870	665	8,267	476	1,263	5,044	5,646	7,786	37,032
	Out-Patient Attendance Other	11,237	5,862	4,250	2,603	13,682	2,132	3,447	12,540	11,280	11,430	78,463
	Day Cases	215	579	1,008	234	1,684	478	63	783	3,284	1,314	9,642
	Attendances at Training Centres										1,419	1,419
	Education, Immunisation, Social Service Patients	1,479	1,249	290	322	4,692	134	373	869	761	2,517	12,686
	Other Patients	11	7	18	1	30	7	4	6	20	7	111
	Total Patients	17,111	11,378	6,977	3,882	28,803	3,404	5,264	19,701	21,793	24,737	143,050
Journeys	Patient Carrying	5,218	4,322	3,015	1,216	4,063	1,484	1,687	5,718	4,758	6,981	38,462
	Training Centres										359	359
	Other Journeys	182	93	118	25	16	21	39	137	103	165	899
	Total Journeys	5,400	4,415	3,133	1,241	4,079	1,505	1,726	5,855	4,861	7,505	39,720
Mileage	Patient Carrying	222,686	171,632	124,217	50,390	147,813	45,079	57,901	194,014	167,988	204,708	1,386,428
	Training Centres										9,577	9,577
	Other Mileage	2,012	985	1,200	179	477	114	501	1,249	733	1,474	8,924
	Total Mileage	224,698	172,617	125,417	50,569	148,290	45,193	58,402	195,263	168,721	215,759	1,404,929
	Patients per Journey*	3.28	2.63	2.31	3.19	7.09	2.29	3.12	3.44	4.58	3.34	3.68
	Miles per Patient*	13.01	15.10	17.80	12.98	5.13	13.24	11.00	9.85	7.70	8.78	9.79

* Excluding Mentally Subnormal

TABLE 7

GRANT AIDED SCHEME	YEAR OF COMPLETION	ESTIMATED POPULATION AT CONSTRUCTION DATE	DESIGN POPULATION	1971 POPULATION	TOWN MAP/ VILLAGE PLAN/ ESTIMATED FUTURE PARISH POPULATION	NO. OF PROPERTIES LIKELY TO BE SERVED	ESTIMATED CAPITAL COST	SEWAGE TREATED AT:-	REMARKS
RURAL DISTRICT									
BEAMINSTER (PMU Eight/1b - Parrett)									
Beaminster (Parish)	1968	2,000	2,300	2,396	2,600	756	£235,755*	Sea disposal - submarine pipe-line West Bay	West Dorset Trunk Sewerage Scheme.
Broadwindsor	1966	315	460	380	1,170ø	154	£29,592	Own works	ø Ultimate.
Chedington, Mosterton, and South Perrott (Combined Scheme)	1971	420	720	420	720	208	£95,696	South Perrott*	* Combined works.
Corscombe	1965	204	308	306	390	110	£15,468	Own works.	
Drimpton	1973 (Estimated)	350	500	340	380	100	£64,802	Own works.	Schemes might be extended to deal with ultimate pop. of 1,000 incl. Seaborough
Halstock	1962	152	220	367	630	79	£6,688	Own works.	New scheme under consideration.
Melbury Osmond	Not started	165	180	183	190	67	-	Thornford*	* Sewage treatment only provided for in Leigh/Chetnole/ Thornford Scheme. (Sherborne RD.)
Netherbury	1972	400	450	661	729	142	£58,500	Submarine pipe-line West Bay	West Dorset Trunk Sewerage Scheme.
Nettlecombe and Powerstock (Combined Scheme)	1961	210	272	435	520	97	£14,586	Powerstock.	
Salway Ash	1965	208	296*	250	391	49*	£14,394	Own works.	* Scheme allows for future development.
Stoke Abbott	1972 (Estimated)	137	200	215	300	68	£27,000	Own works.	
Thorncombe	1953	300	364	631ø	640ø	130	£6,350	Own works.	ø Parish

GRANT AIDED SCHEME	YEAR OF COMPLETION	ESTIMATED POPULATION AT CONSTRUCTION DATE	DESIGN POPULATION	1971 POPULATION	TOWN MAP/ VILLAGE PLAN/ ESTIMATED FUTURE PARISH POPULATION	NO. OF PROPERTIES LIKELY TO BE SERVED	ESTIMATED CAPITAL COST	SEWAGE TREATED AT:-	REMARKS
BLANDFORD (PMU Eight/6 - Dorset Rivers)									
Blandford St Mary	1954	250	313	450	See below	108	£13,650	Own works.	Works to be abandoned when Stour Valley Scheme completed.
Blandford St Mary, Pimperne, Charlton Marshall and Spetisbury, (Combined Stour Valley Scheme. See also Wimborne and Cranborne Rural District Council).	Not started	7,100	10,000*	3,955ø	6,140ø	3,000	£1,128,590	Charlton Marshall	* Includes 2,500 from Sturminster Marshall and Shapwick (Wimborne and Cranborne Rural District Council) plus brewery waste. ø Blandford Rural District parishes only. Phase II could provide for Blandford Forum, Tarrant and Winterborne Valleys, also.
Durweston and Stourpaine (Combined Scheme)	1966	800	1,115	1,021	1,060	308ø	£103,396	Stourpaine	øEstimate when scheme completed but more properties will be connected.
Milton Abbas and Milborne (Combined Scheme)	1954	825	1,420	1,646	2,350	507	£53,000	Milborne	
Pimperne	1958	550	700	Included in combined total for Stour Valley Scheme (see above)		168	£16,863	Blandford Camp	Temporary arrangement only; Pimperne will be served by Stour Valley Scheme.
Shroton	1962	434	500	324	500	178	£31,280	Own works.	

GRANT AIDED SCHEME	YEAR OF COMPLETION	ESTIMATED POPULATION AT CONSTRUCTION DATE	DESIGN POPULATION	1971 POPULATION	TOWN MAP/ VILLAGE PLAN/ ESTIMATED FUTURE PARISH POPULATION	NO. OF PROPERTIES LIKELY TO BE SERVED	ESTIMATED CAPITAL COST	SEWAGE TREATED AT:-	REMARKS
BRIDPORT (PMU Eight/1b - Parrett)									
Asker Valley	1972	985	2,536*	975	1,555	895	£121,000	Submarine pipeline - West Bay	West Dorset Trunk Sewerage Scheme. * Allows a margin well in excess CPO's estimate.
Burton Bradstock	1957	780	800	802(res)ϕ	960(res)ø	285	£40,704	Own works*	* Works likely to be abandoned in favour of West Dorset Trunk Sewerage Scheme. øUltimate summer population: 4, 200.
Charmouth	1962	2,000*	2,500*	1,027	1,030	893	£79, 330	Own works.	*Summer populations
Charmouth Extension	1973 (Estimated)	5, 300*	8,500*	2, 360	-	3,000*	£86, 640	Own works.	*Summer populations includ. caravan parks.
Chideock	1967	1, 800ø	2, 230ø	552	730	200	£101, 300	Own works.	ø Summer populations; allows for further development and for Morcombelake and North Chideock.
Litton Cheney, Swyre Puncknowle and West Bexington (Combined Scheme)	1972	510	1, 156	800	850	413	£89, 390	Puncknowle.	.
Shipton Gorge	1956	228	250	287	290	89	£12, 749	Own works.	
Symondsbury (Village and West Road area)	1973 (Estimated)	300	410	300	400	136	£67, 550	Submarine pipeline - West Bay	West Dorset Trunk Sewerage Scheme.
West Bexington	1972	130	190	*	*	43	£7, 150	Puncknowle	* Included in Litton Cheney, Swyre and Puncknowle figure (see above).

GRANT AIDED SCHEME	YEAR OF COMPLETION	ESTIMATED POPULATION AT CONSTRUCTION DATE	DESIGN POPULATION	1971 POPULATION	TOWN MAP/ VILLAGE PLAN/ ESTIMATED FUTURE PARISH POPULATION	NO. OF PROPERTIES LIKELY TO BE SERVED	ESTIMATED CAPITAL COST	SEWAGE TREATED AT:-	REMARKS
DORCHESTER (PMU Eight/6 - Dorset Rivers)									
Abbotsbury and Portesham (Combined Scheme)	1967	800	1,000ø	873	910	247	£129,200	Portesham.	ø Allows for further development
Bradford Peverell, Stratton and Charminster. Including Herrison Hospital (Combined Scheme)	1969	525	4,170ø	2,947+	3,700+	1,100	£166,500	Bradford Peverell*	* Combined Scheme ø All as for Charminster, Bradford Peverell and Stratton. + See below. (Charminster).
Broadmayne	1960	600	750	- see below -		200	£73,500	Own works	
Broadmayne Ext/West Knighton*	1972 (Estimated)	1,240	2,000	1,206	1,310	569	£124,083	Broadmayne	*Combined scheme
Cerne Abbas	1964	471	550	562	850	168	£72,000	Own works	Works extension 1970.
Charminster (Original scheme)	1962	1,000	1,000*	included in combined scheme estimates (+ above)		300	£80,000	Bradford Peverell	* Plus DWF of 75,000 gpd from Herrison Hospital. Incorporated in combined scheme since 1969.
Osmington Village	1971	350	438	441	520	126	£80,500	Own works*	*Oxidation (Pasveer) ditch.
Osmington Mills	Not started	450*	640*	150(res)	160(res)	50ø	£40,000	Own works	e.a. plant øExcludes caravans *Summer populations.
Piddle Valley - Alton Pancras, Piddletrenthide Piddlehinton (Combined scheme).	Not started*	910	1,500	903	1,140	500	£189,000	Piddlehinton ø	ø Former Defence Department Works. *Programmed for 1972/73 - Dorchester RDC.

GRANT AIDED SCHEME	YEAR OF COMPLETION	ESTIMATED POPULATION AT CONSTRUCTION DATE	DESIGN POPULATION	1971 POPULATION	TOWN MAP/ VILLAGE PLAN/ ESTIMATED FUTURE PARISH POPULATION	NO. OF PROPERTIES LIKELY TO BE SERVED	ESTIMATED CAPITAL COST	SEWAGE TREATED AT:-	REMARKS
Puddletown	1962	735	800	1,054	1,430	286	£51,356	Own works.	
Sydling St Nicholas	1952	350	450	335	450	160	£21,900	Own works.	
Toller Porcorum	1973 (Estimated)	203	312*	208	210	89	£38,151	Own works.	*Allows for future development.
Winterborne Valley - Winterborne Abbas, Winterborne Steepleton, Winterborne St Martin (Combined scheme)	Not started[ø]	795	1,200	796	1,120	427	£178,000	Dorchester Borough Works	[ø] Programmed for 1972/73 - Dorchester Rural District Council.
SHAFTESBURY (PMU Eight/6 - Dorset Rivers)									
Bourton	1972	633	715	556	650	226	£146,805	Silton[ø]	[ø] Also serves Unigate milk factory.
Fontmell Magna	Not started 1973/74 (Estimated)	367	500	549	600	131[ø]	£49,329	Own works.	[ø] 1966 estimate - to be revised.
Gillingham	1962	3,500	3,922	see below[+]		1,000	£141,300	Own works[ø]	[ø] Deals also with trade wastes.
Gillingham Ext and Motcombe	Not started	4,900	6,500	5,126	7,250[+]	1,104	£500,000	Gillingham	Combined scheme.
Iwerne Minster	1958	460	514	653	740	184	£3,629	Own works[ø]	[ø] Extended 1970
SHERBORNE (PMU Eight/1b - Parrett)									
Alweston	1961	106	320	260	285	67	£9,369	Own works.	
Beer Hackett, Leigh, Chetnole, Thornford, Yetminster	Not started 1973/74 (Estimated)	214	4,480[ø]	2,139	2,550	1,480	£297,595	Thornford	[ø] Combined Scheme to include sewage treatment for Ryme Intrinseca and Melbury Osmond + considerable further development.

GRANT AIDED SCHEME	YEAR OF COMPLETION	ESTIMATED POPULATION AT CONSTRUCTION DATE	DESIGN POPULATION	1971 POPULATION	TOWN MAP/ VILLAGE PLAN/ ESTIMATED FUTURE PARISH POPULATION	NO. OF PROPERTIES LIKELY TO BE SERVED	ESTIMATED CAPITAL COST	SEWAGE TREATED AT:-	REMARKS
Bishops Caundle	1953	180	265	350	420	86	£13,185	Own works.	
Bradford Abbas	1962	500	760	963	1,050	167	£34,129ø	Own works.	øCost of which scheme, Stage 1 completed 1954 for 417 population only.
Longburton	1970	441	585	347	450	148	£90,600	Own works.	
Over and Nether Compton plus Extension of Trent Sewage Works.	1971	441	585	692	820	195	£110,618	Trent	
Thornford	1962	380	456	*	*	152	£15,348ø		* Included in Beer Hackett, Leigh, Chetnole, Thornford Yetminster pop. figures. øStage 1.
Trent	1958	200	220	included in Over Compton/Nether Compton Scheme above		73	£15,430	Own works.	
Yetminster including extension of Thornford Sewage Works	1966	1,050	1,260	ø	ø	203	£79,763	Thornford	ø Included in Chetnole/Leigh/ Thornford combined scheme.
STURMINSTER (PMU Eight/6 - Dorset Rivers)									
Broadoak and Sturminster Common	1965	140	320	300	350	114	£17,300	Sturminster Newton	
Glanvilles Wootton	1951	120	100*	198	210	71	£8,820	Own works	*Only part of scheme carried out for economic reasons; present population: 200.
Hazelbury Bryan	1962	550	600	636	640	214	£53,243	Own works.	
King's Stag	1957	90	250ø	135	140	42	£8,573	Own works.	ø Works designed to take milk depot waste.

GRANT AIDED SCHEME	YEAR OF COMPLETION	ESTIMATED POPULATION AT CONSTRUCTION DATE	DESIGN POPULATION	1971 POPULATION	TOWN MAP/ VILLAGE PLAN/ ESTIMATED FUTURE PARISH POPULATION	NO. OF PROPERTIES LIKELY TO BE SERVED	ESTIMATED CAPITAL COST	SEWAGE TREATED AT:-	REMARKS
Manston	1950	125	150	179	170	53	£2,435	Own works.	
Mappowder	1952	135	150	179	170	50	£8,543	Own works.	
Marnhull/Hinton St Mary	1962	1,412	1,500	1,737	2,250	500	£78,736	Own works.	Combined works.
Child Okeford, Okeford Fitzpaine, Shillingstone (Combined Scheme)	1950	1,735	1,900	2,382	3,020	750	£125,000	Shillingstone	Combined works.
Stalbridge	1948	950	1,300	2,010	3,500	821	£16,510	Own works.	
Stourton Caundle	1950	221	250	350	350	172	£12,031	Own works.	
Sturminster Newton	1963	1,650	2,000	2,118	2,460	750	£136,690	Own works.	Works (ADF) designed to deal with milk waste.
WAREHAM (PNU Eight/6 - Dorset Rivers)									
Briantspuddle	1957	246	270	-	-	96	£28,000	Own works.	Works since abandoned.
Affpuddle and Briantspuddle - combined	1971	400	501	xx see below		137*	£44,000	Bere Regis$^{\phi}$	$^{\phi}$ Combined works. *Plus Farm Waste.
Bere Regis, Lytchett Matravers, Bloxworth, Morden (Combined Scheme)	1967^{+}	3,087	4,450	3,820 xx	5,750 xx	1,196	£361,083	Bere Regis*	*Works at Blackheath $^{+}$Stage 1 1967 Bere Regis, Stage II 1969 Lytchett Matravers, Stage III 1972 Bloxworth xx includes Affpuddle and Briantspuddle villages.
Corfe Castle	1963	1,400	1,700	1,448	1,630	607	£75,500	Own works.	
Langton Matravers (Acton)	1970	141	165	140	150	55	£18,000	Swanage Urban District	Sea outfall via Langton Matravers sewers.

GRANT AIDED SCHEME	YEAR OF COMPLETION	ESTIMATED POPULATION AT CONSTRUCTION DATE	DESIGN POPULATION	1971 POPULATION	TOWN MAP/ VILLAGE PLAN/ ESTIMATED FUTURE PARISH POPULATION	NO. OF PROPERTIES LIKELY TO BE SERVED	ESTIMATED CAPITAL COST	SEWAGE TREATED AT:-	REMARKS
Lytchett Minster (Upton)	1961	2,000	2,300	ø included in figures for new scheme below			£109,950	Upton	Old works to be abandoned.
Lytchett Minster Village and Upton	1973 (Estimated)	5,200	8,160	5,900ø	9,100ø	3,307ø	£110,500	Lytchett Minster	New works - oxidation ditch.
Lytchett Minster (Beacon Hill)	1969	120	150	ø included in figures for new scheme			£17,225	Upton	(Eventually this sewage will go to new works at Lytchett Minster.)
Studland	1966	1,211 (summer)	1,460 (summer)	535(res)	600(res)	180	£109,800	Own works.	
Wool and East Burton (Combined scheme)	1962	1,900	2,900 x	3,032	3,750	446	£109,450	Wool	x includes 1,200 from Winfrith AERE
Worth Matravers	1973 (Estimated)	308	480	192	250	110	£96,000	Own works.	E.a. plant; scheme will also receive farm waste.
Wareham Town, Stoborough, Ridge, Sandford, Bestwall (Combined Scheme)	1973 (Estimated)	5,200	8,000ø	7,566	8,770	2,650	£105,000	Keysworth	ø See also entry under Wareham Borough. Works to be extended by C.S. plant to deal with 6,000 pop.
WIMBORNE (PMU Eight/6 - Dorset Rivers)									
Alderholt	1972	862	2,500	856	1,900	850	£185,000	Fording-bridgeø	ø By arrangement with Ringwood and Fordingbridge Rural District Council.
Colehill, part Hampreston, Pamphill (Combined scheme) including also Wimborne Minster and part of Poole - Stour catchment area)	1963	2,541	11,000ø	13,500	20,350	1,426	£222,850	Leigh Park Wimborne Minster	ø including Wimborne Minster and Poole Drainage Area.

GRANT AIDED SCHEME	YEAR OF COMPLETION	ESTIMATED POPULATION AT CONSTRUCTION DATE	DESIGN POPULATION	1971 POPULATION	TOWN MAP/ VILLAGE PLAN/ ESTIMATED FUTURE PARISH POPULATION	NO. OF PROPERTIES LIKELY TO BE SERVED	ESTIMATED CAPITAL COST	SEWAGE TREATED AT:-	REMARKS
Corfe Mullen (Poole Drainage Area)	1962	1,032	1,200	1,727	1,750	368	£33,700		
Corfe Mullen (Remainder of Parish)	1962	2,500	5,000	4,950	6,000	1,700	£558,939	Own works	
Cranborne	1952	394	750ø	568	570	250ø	£33,200	Own works	øAllowing for future development
Hampreston (Part) Ferndown, West Moors Three-Legged Cross (Combined scheme)	1968	6,200	11,350ø	19,000ø	28,200	4,050	£74,324	Palmers* Ford	øIncludes Verwood. *Combined works - extension to 30,000 population planned 1970.
Sixpenny Handley	1959	556	800	691	700	260	£30,070	Own works.	
Sturminster Marshall (Stoney Down area)	1971	170	220	105	150	100	£37,275	Blackheathø	øBy arrangement with Wareham and Purbeck Rural District Council.
Sturminster Marshall/ Shapwick	Not started 1973/74 (Estimated)	1,100	2,500	1,280	1,700	621	£297,500	Charlton Marshall	Part of Stour Valley Scheme (Blandford Rural District Council - see above).
Verwood	1971	3,222	11,350ø	included in combined total above Hampreston/Ferndown/West Moors		3,300	£615,475	Palmers Ford	øUltimate design figure 30,000.
West Parley	1960	2,469	5,328	3,259	3,700	1,903	£337,402	Kinsonø	øBy arrangement with Bournemouth County Borough Council.

GRANT AIDED SCHEME	YEAR OF COMPLETION	ESTIMATED POPULATION AT CONSTRUCTION DATE	DESIGN POPULATION	1971 POPULATION	TOWN MAP/ VILLAGE PLAN/ ESTIMATED FUTURE PARISH POPULATION	NO. OF PROPERTIES LIKELY TO BE SERVED	ESTIMATED CAPITAL COST	SEWAGE TREATED AT:-	REMARKS
BOROUGH COUNCILS									
Bridport Joint Scheme. (Bridport Borough, Asker Valley, Symondsbury, Netherbury, Beaminster) (PMU Eight/1b - Parrett)	1970	18,200	25,650	6,400ø	7,000ø	2,300ø	£255,000*	Sea outfall	øBorough only. *Pressure pipe-line and long sea outfall only. Capacity of 27" outfall (od) capable of dealing with population of about 31,000.
Lyme Regis (PMU Nine/5 - Otter)	Awaiting the result of Public Inquiry	7,000ø	9,000ø	3,300	3,700	3,214	£303,000	Own works	øResident summer population.
Shaftesbury	1973 (Estimated)	3,823	6,500	3,960	4,500	2,321	£181,500	Shaftesbury*	*Oxidation ditch.
Wareham (PMU Eight/6 - Dorset Rivers)	1970	5,000	8,000	figures included under Joint Schemeø			£143,000	Keysworth	øWorks also deals with Sewage from Sandford, Bestwall, Stoborough and Ridge. Additional CS plant to be provided to deal with population of 6,000.
URBAN DISTRICT									
Sherborne	Not started 1973/74 (Estimated)	8,700	10,000	8,730	10,000	3,571	£323,000	Own works.	Works designated to deal also with the trade wastes.

GRANT AIDED SCHEME	YEAR OF COMPLETION	ESTIMATED POPULATION AT CONSTRUCTION DATE	DESIGN POPULATION	1971 POPULATION	TOWN MAP/ VILLAGE PLAN/ ESTIMATED FUTURE PARISH POPULATION	NO. OF PROPERTIES LIKELY TO BE SERVED	ESTIMATED CAPITAL COST	SEWAGE TREATED AT:-	REMARKS
Wimborne Minster Joint (See also Colehill, Hampreston, Pamphill - Wimborne and Cranborne Rural District)	1960	10,150+	11,000+	13,500	20,350	2,800ø	£444,323*	Leigh Park Joint Works (original)	*Including house connections by direct labour øIn Wimborne Minster and Poole Drainage Area. +Includes 3,500 from Wimborne and Cranborne +Includes 2,500 from Poole.
Wimborne Minster Joint (Extension to Sewage Works)	1971	11,200	11,000			3,300	£169,000	Leigh Park Joint Works (as extended)	
Wimborne Minster (Provision for additional sludge drying beds). (PMU Eight/6 - Dorset Rivers)	1966						£34,536		
						66,276	£11,504,207		

NEW HOUSING ACCOMMODATION PROVIDED DURING THE YEAR ENDED 31 12 72

TABLE 8

SUMMARY OF RETURNS MADE BY RURAL DISTRICT COUNCILS UNDER HOUSING ACT 1957 SECTION 116

	Beaminster	Blandford	Bridport	Dorchester	Shaftesbury	Sherborne	Sturminster	Wareham & Purbeck	Wimborne & Cranborne	Totals
Council housing programme for year ended 31 12 72 No. of houses	12	33 OP flats and 18 houses	26	80	18 (includes 7 from 1971)	None	14	37	94	332
Was this programme completed as scheduled?	No	No	No	No	No	N/A	No	No	No	-
No. of council houses affected by tenders approved but not started	None	None	None	None	None	None	10	None	-	10
No. under construction at 31 12 72	12	29 OP flats 11 houses	20	14	7	None	4	14	98	209
New houses erected by council during year	None	4 OP flats 7 houses	31	42	11	None	24	2	39	160
Council's housing programme for year ending 31 12 73	24	24	26	127	70 (includes 36 subject to land availability)	32	22 (includes 10 carried forward from 1972)	116	106 inc. 31 from 1971 programme	547
Total No. of applicants (ie family units) on council's list requiring acc. on 31 12 72	109	220	163	561	267	136	130	717 (incl. 84 transfers)	535	2,838
No. of families accommodated	14	35 inc. 15 old people	51	117	37	23	65	28	72	442
Difficulties experienced in connection with the building of council houses	-	Electricity strike: Builder workers strike - Delivery of materials Labour shortage	1972 Bldg. prog. Difficulty in obtaining negotiated tender within housing cost yardstick laid down by Dept. of Environment	Purchase of land and inclement weather early in year	Agreeing design types with Dept. of Environment	-	Land acquisition	Metrication Planning control Inadequacy of housing cost yardstick	-	
Total no. council houses erected since 1 4 45	438	670	436	984	559	341	926	1,185	1,189	6,728
New houses erected privately during the year	36	130	143	62	71	62	63	267	718	1,552
Total no. of private houses erected since 1 4 45	597	1,225	640	1,414	1,021	658	999	2,828	8,787	18,169

TABLE 9

THE HOUSING ACT 1969 (PART I) - DISCRETIONARY IMPROVEMENT GRANTS

SUMMARY OF PROGRESS REPORTS RECEIVED FROM THE RURAL DISTRICT COUNCILS IN RESPECT OF THE YEAR ENDED 31 12 72

	Beaminster	Blandford	Bridport	Dorchester	Shaftesbury	Sherborne	Sturminster	Wareham & Purbeck	Wimborne & Cranborne	Totals
(1) No. of applications received during year for improvement grants to private persons	56	26	65	56	27	24	18	32	15	319
(2) No. of schemes approved during year in respect of:-										
(i) property owned (or to be acquired) by the Council	None	None	One	98	One	None	One	None	None	101
No. of dwellings affected	-	-	16	98	26	-	60	-	-	200
(ii) private property	58	24	65	57	20	24	12	32	13	305
No. of dwellings affected	58	28	67	60	24	24	12	32	13	318
(3) Average approved estimated cost of improvement schemes submitted during year in respect of:-										
(i) property owned (or to be acquired) by the Council	Nil	Nil	£1,190	£247	£75	Nil	£810	Nil	Nil	
(ii) private property	£2,755	£733.50	£2,742.60	£2,814	£746	£2,725	£1,563	£631.77	£692	

HOUSING ACT 1969 (PART I) STANDARD GRANT IMPROVEMENTS

TABLE 10

SUMMARY OF PROGRESS REPORTS RECEIVED FROM THE RURAL DISTRICT COUNCILS IN RESPECT OF THE YEAR ENDED 31 12 72

	Beaminster	Blandford	Bridport	Dorchester	Shaftesbury	Sherborne	Sturminster	Wareham & Purbeck	Wimborne & Cranborne	Totals
(1) No. of applications received for standard grants to private persons	12	11	17	24	23	6	13	39	27	172
(2) No. of applications and/or schemes approved in respect of:-										
(i) property owned (or to be acquired) by the council	1	None	None	None	None	None	None	None	None	1
No. of dwellings affected	2	None	None	None	None	None	None	None	None	2
(ii) private property	11	11	14	20	20	6	11	39	27	159
No. of dwellings affected	11	11	14	20	20	6	11	39	27	159
(3) Average amount of grant per property in respect of:-										
(i) property owned (or to be acquired) by the council	£457	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	
(ii) private property	£247	£266	£253	£285	£180	£333	£193 in respect of 12 dwellings on which grant was paid in 1972	£181.94	£181.94	
(4) No. of applications and/or schemes for improvement to the reduced standard (Sec 9(4) Housing Act 1969) approved during the year in respect of:-										
(i) property owned by the council	None	None	None	None	None	None	None	None	None	None
(ii) private property	2	None	None	1	None	None	None	None	None	3
(5) Average amount of grant per property in respect of:-										
(i) council property	-	None	None	None	None	None	None	None	None	
(ii) private property	£80	None	None	£80	None	None	None	None	None	

SPECIAL GRANTS - SECTION 13 - No applications for special grants were received by the rural district councils.

HOUSING ACT 1957

TABLE 11

HOUSES IN CLEARANCE AREAS AND UNFIT HOUSES ELSEWHERE

SUMMARY OF RETURNS RECEIVED FROM THE RURAL DISTRICT COUNCILS IN RESPECT OF THE YEAR ENDED 31 12 72

		RURAL DISTRICT									
		Beaminster	Blandford	Bridport	Dorchester	Shaftesbury	Sherborne	Sturminster	Wareham & Purbeck	Wimborne & Cranborne	Totals
PART 'A' HOUSES DEMOLISHED IN CLEARANCE AREAS (HOUSING ACT 1957)											
(1) Houses unfit for human inhabitation	(a) demolished	-	4	-	-	-	-	-	-	-	4
	(b) persons displaced	-	2	-	-	-	-	-	-	-	2
	(c) families displaced	-	1	-	-	-	-	-	-	-	1
(2) Houses included by reason of bad arrangement	(a) demolished	-	-	-	-	-	-	-	-	-	-
	(b) persons displaced	-	-	-	-	-	-	-	-	-	-
	(c) families displaced	-	-	-	-	-	-	-	-	-	-
(3) Houses on land acquired under Section 43(2) Housing Act 1957	(a) demolished	-	-	-	-	-	-	-	-	-	-
	(b) persons displaced	-	-	-	-	-	-	-	-	-	-
	(c) families displaced	-	-	-	-	-	-	-	-	-	-
Not in Clearance Areas											
(4) As a result of formal or informal procedure under Section 17(1) Housing Act 1957	(a) demolished	1	-	1	3	2	1	-	-	7	15
	(b) persons displaced	-	-	-	-	-	-	-	-	-	-
	(c) families displaced	-	-	-	-	-	-	-	-	-	-
PART 'B' UNFIT HOUSES CLOSED (including parts of buildings)	(a) number	6	1	2	15	6	-	-	-	-	30
	(b) persons displaced	1	2	3	-	9	-	-	-	-	15
	(c) families displaced	1	1	2	-	6	-	-	-	-	10
PART 'C' UNFIT HOUSES MADE FIT AND HOUSES IN WHICH DEFECTS WERE REMEDIED	(a) by owner	15	7	33	12	15	29	23	94	10	238
	(b) by local authority	-	-	-	-	-	-	-	-	-	-
PART 'D' UNFIT HOUSES IN TEMPORARY USE (HOUSING ACT 1957) POSITION AS AT 31 12 72	(a) retained for temporary accommodation	-	-	-	-	-	-	-	-	-	-
	(b) licensed for temporary accommodation	-	-	-	-	-	-	-	-	-	-
PART 'E' HOUSES IN CLEARANCE AREAS OTHER THAN THOSE INCLUDED IN CONFIRMED CLEARANCE ORDERS OR COMPULSORY PURCHASE ORDERS, PURCHASED IN THE YEAR	(a) number of houses	-	-	-	-	-	-	-	-	-	-
	(b) number of occupants of houses in (a) above	-	-	-	-	-	-	-	-	-	-